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ABSTRACT

New Chance was designed as a research and demonstration program to improve the economic status and general well-being of highly disadvantaged young women and their children. The program was directed toward mothers aged 16 to 22 who were high school dropouts and receiving welfare. Sixteen sites in 10 states that had some prior experience in serving the target population were selected for the project. The sites were provided with detailed guidelines and training to increase the potential for effective implementation and were required to make major adaptations in their initial offerings, usually by bringing on new staff and sometimes by modifying their objectives and basic mode of operation. Efforts were made to ensure staff communication and foster the integration of program messages. Recruitment required ongoing effort. Sites adopted various recruitment strategies, with welfare agencies a key source of program referrals. The 930 young women enrolled through December 1990 were a varied group, with differences among enrollees at the different sites especially pronounced. Sites followed program guidelines in offering the specified components: education, employability development, health and personal development services, and services to assist the development of enrollees' children. Some sites offered activities beyond those explicitly stated in the model. Although most participants received services in all program areas, absenteeism was a common and vexing problem. (Apendixes include site profiles, supplemental tables, and a list of 61 references.) (YLB)

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New Chance

Implementing a Comprehensive Program for Disadvantaged Young Mothers and Their Children

Janet C. Quint
Barbara L. Fink
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New Chance

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The Authors

PREFACE

This first report on MDRC's New Chance Demonstration is being published at a time when record numbers of people are receiving Aid to Families with Dependent Children (AFDC) and national attention is focused on welfare issues. As a group at particularly high risk of spending many years on public assistance – and whose children face serious obstacles to their cognitive and social development – disadvantaged teenage parents who have dropped out of school are a central concern of the welfare reforms embodied in the Family Support Act of 1988, specifically the Job Opportunities and Basic Skills Training (JOBS) Program authorized by that act. Targeted at highly disadvantaged young mothers and their children, New Chance is an option for states under the JOBS program and, if proved to be effective, a candidate for wider replication.

The New Chance model calls for intensive, comprehensive services offered in a supportive but demanding environment. The ultimate goal is self-sufficiency for the young mothers, enhanced development for their children, and a better life for these families. The effort to mount this demonstration and test this approach would not have been possible without the extraordinary commitment of two groups. One group comprises the 28 New Chance funders who, along with the 10 participating states, constitute the unusual public/private partnership supporting the demonstration. Their shared commitment to this ambitious undertaking has made the demonstration possible.

The second group consists of the talented, dedicated administration and staff at the 16 diverse sites. Their determination has transformed New Chance from a vision to a living program. As the report testifies, successfully implementing the New Chance Demonstration required that a host of challenges be met: recruiting the 2,300 young mothers who make up the research sample, augmenting existing programs with many new components, and dealing with the often serious obstacles participants faced in attending the program. We owe a large debt of gratitude to the people at the sites both for operating the program and for their unstinting cooperation with MDRC's operations and research staff.

Early signs of ongoing enrollment in the program, GED attainment, entrance into skills training, and the many positive but unmeasurable changes observed by New Chance staff are encouraging. Subsequent reports will analyze whether the program has succeeded in setting these young women on the path to self-sufficiency, fostering the development of their children, and improving a range of other outcomes.

Judith M. Gueron
President

EXECUTIVE SUMMARY

New Chance is a research and demonstration program that seeks to improve the economic status and general well-being of a group of highly disadvantaged young women and their children. The program, which is directed toward mothers aged 16 to 22 who are high school dropouts and are receiving welfare, is now being operated by community-based organizations, schools, a community college, and government agencies at 16 locations (or "sites") in ten states across the country; these sites are listed in Table 1. The program is comprehensive in its orientation: It provides education and employment services to build the human capital the young women need to become economically self-sufficient and helps them acquire the knowledge, decision-making abilities, and communication skills they need in adult life. Because New Chance is explicitly aimed at fostering the cognitive and social development of participants' children, it also offers parenting education and child care with these ends in view.

TABLE 1

NEW CHANCE PROGRAM OPERATORS AND LOCATIONS

Del Rey Center Sweetwater Union High School District Chula Vista, California	Multi Resource Centers, Inc. Minneapolis, Minnesota
Youth and Family Center Inglewood, California	National Puerto Rican Forum, Inc. Bronx, New York
Independence Adult Center Eastside Union High School District San Jose, California	Mid-Manhattan Adult Learning Center Office of Adult and Continuing Education New York City Board of Education New York (Harlem), New York
Community College of Denver Technical Education Center Denver, Colorado	PIVOT-New Chance Program Portland Public Schools Portland, Oregon
The Bridge Family Health Services, Inc. Jacksonville, Florida	The YWCA of Salem Salem, Oregon
Aunt Martha's Youth Service Center, Inc. Chicago Heights, Illinois	Expectant and Parenting Youth Program Private Industry Council of Lehigh Valley Allentown, Pennsylvania
The Family Care Center Lexington, Kentucky	Lutheran Settlement House Women's Program Philadelphia, Pennsylvania
Development Centers, Inc. Detroit, Michigan	Hill House Association Pittsburgh in Partnership with Parents Pittsburgh, Pennsylvania

The young mothers who constitute the New Chance target population are now a focus of welfare reform efforts. Although there is a broad consensus that the problems of families headed by these women are complex and interrelated – and that interventions should address these needs in a coordinated, integrated way – there is little reliable evidence about the value of a comprehensive approach in helping these families move toward self-sufficiency and a better life. The New Chance Demonstration is an unprecedented effort to test just such a strategy at a large number of locations around the country. All sites follow a prescriptive program model, the feasibility and effectiveness of which are being rigorously studied.

This report deals with the early experiences of the New Chance sites. It explores the process of mounting the first phase of this multifaceted, demanding, employment-oriented program. Later reports will present findings on the later phases of the program model and on program impacts and costs.

The message that emerges from this report is that comprehensive programs for young welfare mothers are feasible. It is possible for program operators to put together a variety of services in a way that will attract and retain program enrollees. But doing so is not easy. It calls for adequate funding and staff who are skilled, experienced, and dedicated to working with young people whose lives are often difficult and whose motivation may need frequent reinforcement. Technical assistance and training were also essential in helping the sites mount the full program model and to do so within a tight time frame. Some New Chance sites proved more expert than others at implementing various program features. Nonetheless, across all sites, New Chance staff are committed to the program and believe in its potential to create lasting improvements in the life circumstances of these young families.

The New Chance Treatment

Program enrollees typically are scheduled to attend New Chance five days a week from about 9 A.M. to 3 P.M. The program helps them to arrange child care, which in the majority of cases is center-based and often on-site and oriented toward enhancing the children's development. At most sites, mornings are devoted to classes that prepare young women for the high school equivalency (General Educational Development, or GED) test. In the afternoon, the participants attend classes on such topics as possible careers and employers' expectations, health and nutrition, decision-making, family planning, and child development. After several months of these activities (usually after participants have received a GED certificate), the program model calls for the young women to move into occupational skills training or work internships (short-term paid or unpaid work experience positions) in the occupational areas they have chosen, or into further education. The ultimate goal is for participants to enter unsubsidized employment. Each enrollee has a case manager, who monitors her activities, reinforces the program's messages, advocates on her behalf with other agencies, and acts as a sounding board and counselor, not only while the young woman is at the program site but also as she settles into a job. The case manager works intensively with a relatively small caseload and often (although not always) becomes the staff member to whom the participant feels closest.

Compared to other programs for disadvantaged young mothers, New Chance is distinctive in several ways. The program offers services that are both unusually comprehensive and integrated by a philosophy emphasizing each participant's progress toward self-sufficient and responsible adulthood and parenthood. As noted in Table 2, these services fall into five main categories: education (adult basic education and GED preparation), employment-related services, health and personal development, services to enhance the development of participants' children, and case management. Of special note is the Life Skills and Opportunities (LSO) curriculum, especially adapted for the demonstration, which is designed to foster thoughtful decision-making and assertive communication in the context of subjects covered in the other components.

TABLE 2

THE NEW CHANCE MODEL

Target Group

Mothers 16-22 years old who: (1) first gave birth at age 19 or younger; (2) receive welfare; (3) do not have a high school diploma or GED; and (4) are not pregnant when they enter the program.

Treatment

5 Categories of Service Components:

Education: adult basic education, GED preparation

Employment-related services: employability development (career exploration and pre-employment skills training), work internships, occupational skills training, job placement assistance

Health and personal development: Life Skills and Opportunities curriculum, health education and health services, family planning, adult survival skills training

Services to enhance the development of participants' children: parenting education, child care, pediatric health services

Case management

Service Emphasis: integration and reinforcement in each component of all program messages and skills

Service Structure: sequential phases of program activities, long duration, high intensity, on-site service delivery

Environment: small, personal programs; warm and supportive, but demanding atmosphere

In several respects, New Chance is also more intensive than many other programs for high school dropouts. First, unlike many GED programs, which occupy only a few hours a week and which often do not require regular attendance, the schedule of New Chance resembles that of school: Participants are expected to attend daily and to go to all classes (not just those that most interest them). Second, New Chance is of longer duration: Young women may remain enrolled for 18 months, with up to a year of additional follow-up services. This means that New Chance requires young mothers to make a substantial and sustained commitment to a demanding program. Third, during the initial phase, most services are delivered at the program site. (Later program components – occupational skills training and work internships – are usually offered off-site.)

The program is intentionally small in scale; to comply with demonstration requirements, sites were generally expected to serve 100 young women over a period of 12 to 18 months. While students usually work individually and at their own speed in the education classes, the other classes engage them with their peers in often-lively group discussions, role-playing, and other activities designed to engage their interest. On-site services, small size, and considerable interaction all help participants to avoid the anonymity and anomie that have often

characterized their high school experiences and to develop strong attachments to staff members and to one another. The friendships that develop are an important aspect of the program, which places many expectations on students – regular attendance and participation in a variety of classes and other activities – but also provides a warm, supportive atmosphere.

Clearly, an initiative as complex as New Chance poses many challenges for staff as well as participants. Along with delivering many services themselves, staff have to coordinate with off-site service providers, arrange class schedules, and plan special events (e.g., field trips and guest speakers). Recruitment strategies, attendance-monitoring methods, rules and rewards for participants, and channels of communication for staff must be developed, and the support of funders and government officials engaged. Most of these activities must take place simultaneously, while staff are also attending to participants' problems – which sometimes reach crisis proportions – and to their progress in the program.

The Policy Significance of New Chance

New Chance responds to an issue that has increasingly drawn the attention of policymakers and program planners at the national, state, and local levels: the dramatic increase in childbearing among unmarried teens over the last two decades and its consequences for long-term poverty and receipt of public assistance, as well as for the adverse cognitive, social, and emotional development of the children born to teenage mothers. Concern about lengthy and expensive stays on welfare was one factor that led Congress to pass the Family Support Act of 1988. The Job Opportunities and Basic Skills Training (JOBS) Program, created as part of that act to provide employment services to welfare recipients, offers states incentives to serve those whose educational deficits and poor employment histories make them candidates for long-term welfare receipt.

Under JOBS, a mother under age 20 who lacks a high school diploma or its equivalent, and who is not a full-time student, may be required to participate in education activities as a condition of welfare receipt. However, states may opt to involve teen parents in different ways. For example, they may simply require parents to go to school, or they may offer alternative education programs. States may also establish different standards for deciding what constitutes excessive absenteeism, and they may use different procedures for imposing grant reductions (called "sanctions").

Sixty-five percent of early New Chance enrollees, at the time they entered New Chance, met the criteria for being required to participate in JOBS (in JOBS terminology, they held "nonexempt" status), and New Chance is a possible program option under JOBS that policymakers may find appealing for several reasons. First, while New Chance is not intended for all teen parents, it focuses on a group identified by previous research as having very long, costly stays on welfare – young mothers (mostly never-married) who are high school dropouts – and provides them with the wide array of services they may need to achieve the program's goal of self-sufficiency. Thus, while New Chance may be more costly than less comprehensive initiatives, the investment may prove highly worthwhile from a cost perspective if it is able to reduce long-term welfare receipt. Second, the treatment is especially appropriate for those

teens who are too old for or otherwise unwilling to return to regular public schools. Third, program services are designed to address the needs of both the mothers and their children.

Finally, New Chance provides a model of service integration – consolidating classes, counseling, and other activities in a single location. Its "one-stop shopping" approach may both facilitate service delivery and increase enrollees' take-up and utilization of services that are offered.

Most New Chance sites currently make use of JOBS funding to support the costs of occupational skills training, support services (e.g., child care or transportation), or program staff. However, at the time this report appears, most of the states in which New Chance sites are located have not implemented or enforced strict JOBS participation requirements for teenage mothers, and only a handful of sanctions have been imposed on New Chance enrollees for noncompliance with these requirements. This means that New Chance has, in effect, functioned as a voluntary program at most locations.

The New Chance Demonstration and Research Effort

The New Chance model and demonstration were developed by the Manpower Demonstration Research Corporation (MDRC). In the late 1980s, the basic feasibility of the New Chance approach to serving young welfare mothers was tested in a pilot phase at six sites across the country. This experience suggested that the model was promising enough to warrant testing in a full-scale demonstration and also pointed to several ways in which the model and its implementation could be strengthened.

Based in part on the operational lessons of the pilot phase, MDRC adopted several strategies for increasing the likelihood that the program model would be implemented well enough during the demonstration to receive a fair test. First, states nominated and MDRC ultimately selected sites with experience in delivering some of the key program services or serving the target population – although no site conformed to the program model at the outset, and each required fairly substantial modifications of its existing offerings. Second, MDRC developed guidelines and curricula to help standardize the program model, improve the quality of service delivery, and facilitate start-up. Third, it provided sites with initial training, both at all-site conferences and at the individual sites, and with ongoing technical assistance. Finally, sites had a "pre-demonstration" period, lasting from three to six months, to get the program up and running before beginning to accept young women into the group to be studied by the MDRC researchers. The first site began enrolling members of the research group in August 1989; the last site began in August 1990.

The funding strategy developed for the demonstration also was designed to help maintain funding stability and enhance prospects for long-term institutionalization if the results of the evaluation are positive. States were asked to provide $200,000 over the three-year operational period to each site in the state; in most states, the state welfare agency has supplied most of this funding. For the same three-year period, MDRC also pledged to each site $100,000 in flexible funds to fill in program gaps; further public and private funding was made available

to many sites as a result of their participation in the national demonstration. In addition, high-level task forces that included representatives from several state agencies provided guidance and support to the local sites, further promoting state involvement with the program.

MDRC is conducting a rigorous evaluation of the program's implementation, impacts, and benefits and costs. The impact and benefit-cost analyses rely on a design whereby eligible young women who applied to join the program were randomly assigned either to the program treatment group, whose members were enrolled in New Chance, or to the control group, whose members could not participate in New Chance but were free to receive services from other agencies in the community. Members of both the treatment and control groups – some 2,300 individuals in all – will be followed up through interviews at 18 and 36 months after random assignment. These interviews will ascertain sample members' educational attainment and achievement, employment and welfare receipt, parenting behavior, family planning practices and subsequent pregnancies, psychological well-being, and other outcomes of interest. At 36 months, the developmental progress of the children will be assessed as well. Outcomes for members of the control group will provide a gauge of what would have happened without New Chance; the differences between outcomes for the two groups will constitute the program's impacts. Early impact findings will be available in late 1993, and a final report on the program's impacts, benefits, and costs is scheduled for late 1995.

This report considers the early experiences of the New Chance sites in operating the first phase of the program, when most program services are delivered on-site. It relies on several sources of information: memoranda on site development regularly prepared by members of MDRC's operations staff, interviews with program personnel and participants conducted by MDRC research staff members, statistical data on the characteristics of enrollees and their participation in program activities, questionnaires administered to New Chance program staff, observation of program activities, and program documents. Major findings of the report follow.

Findings Related to Program Components and Staff

- **All the New Chance sites were able to put all the early program components in place and, with only a few exceptions, to offer the required hours of each service prescribed by program guidelines.**

The agencies that operated New Chance were of different types (schools, a community college, community-based organizations, and government agencies) and had different initial orientations (i.e., their principal missions prior to being selected to operate New Chance included education, job placement, parenting, health, and family planning). Despite these differences, all were able to mount all the initial components called for by the program model. Moreover, in terms of both the hours and content of the various components, the treatment delivered by the sites was relatively uniform.

Although all sites had a core staff (whose members included a program coordinator and at least one case manager), they adopted various strategies for filling the remaining positions. The implementation experience demonstrated that different ways of staffing the program were

effective. Some sites relied primarily on staff of the operating agency, either those dedicated exclusively to New Chance or those who divided their time among a number of agency functions. Other sites depended mainly on staff from other agencies in the community to deliver specialized services at the program site, often on an in-kind basis. While these different staffing patterns posed distinct challenges, they have been effective in securing well-qualified program personnel.

Considering that New Chance went well beyond what sites had done before implementing this new initiative, the sites' progress in mounting the program is notable, although no site has been successful in every respect.

- **As a rule, education and parenting instruction have been relatively easily implemented across the sites; employability development services and individual counseling regarding family planning have posed more difficulties.**

Many sites have been able to forge linkages with schools and community colleges to provide GED instructors. Over time, sites have generally been able to find teachers who are not only well versed in the subject matter but also enjoy and are skilled in working with disadvantaged young mothers. The interest of participants in this component has also facilitated its implementation. Finding people with the group skills and the technical knowledge necessary to teach parenting classes has also not been difficult.

The employability development area, consisting of career exploration classes and pre-employment skills training, has posed more problems. For one thing, while the objective of the career exploration component is to help young women make informed occupational choices, some participants are not very motivated in this direction; like other young people, they have previously given very little consideration to the specific kind of job they would like to hold. Others have made choices that are not realistic. Staff have had some success in changing participants' thinking on this issue.

Furthermore, only a few sites had previously featured pre-employment training and job placement as integral program services. Consequently, many sites had little experience hiring personnel for these components and may have underestimated both the importance and the demanding nature of the employability instructor's position. Frequently this person has also been responsible for placing participants in work internships, occupational skills training, and jobs. Doing all these jobs well requires a wide range of capacities that are hard to find in a single individual – strong teaching skills, familiarity with the local labor market and with the offerings and requirements of different job training programs, and the ability to advocate on participants' behalf while maintaining the trust and confidence of employers.

The family planning component entails monthly group sessions, referrals to services, and individual counseling by case managers or others. While classes have gone quite smoothly, service referrals have not always been closely monitored, and case managers have sometimes lacked the time, knowledge, or degree of ease needed to discuss family planning during counseling sessions unless a problem has come to their attention.

- **The Life Skills and Opportunities (LSO) curriculum was also put in place with relative ease. Its format, featuring participant involvement and small-group activities, allowed the young women to discuss their own ideas and beliefs, and the component has been the impetus for changing the instructional approach in other program components.**

Instructors felt the young mothers could benefit greatly from the communication and decision-making skills the LSO curriculum seeks to impart, and the component was widely enjoyed by instructors and participants. The success of the LSO format prompted other New Chance teachers to use the LSO curriculum as a model for incorporating an active, hands-on approach to instruction in other classes.

- **Enrollees reported that the major factors attracting them to New Chance were the desire to move forward in their lives, the opportunity to get a GED certificate, and the fact that the program offers free child care, usually available on-site.**

In explaining why they joined the program, participants spoke of a desire to make a better life for themselves and their children. The prospect of earning a GED was a powerful lure. For many participants, it was more important than the possibility of receiving skills training, in part because many young women have unrealistically lofty ideas about the kind of employment they can obtain without further training. For some, getting a GED was viewed as more important than getting a job, at least in the short term.

Twelve of the 16 sites offer on-site child care for the children of New Chance participants. This has been another key attraction of the program. The child care is convenient, it is free, and it allows the young women to check on the well-being of their children during the course of the day.

- **Competent and caring staff members who are supportive and demanding, and who are working under conditions where they can express both these qualities, are essential in programs like New Chance that must engage the interest and commitment of disadvantaged participants over an extended period.**

New Chance staff members function as a team, frequently communicating with one another about how to reinforce program messages and work most effectively with individual participants. Team members must be well versed in the specific skills of their positions. An issue facing all staff members is deciding when to make demands of a participant and when to hold back. While remaining within the broad parameters of the program's objectives, staff must judge what balance of caring and toughness each participant needs at each point in time. They must believe in the participants, and they must make the participants believe in themselves. Training, education, and experience help, as does adequate remuneration. In addition, the program's structure must support high-quality interactions between staff and participants through such means as adequate numbers of staff and sufficient planning time.

The ability of staff to foster positive group dynamics is especially important because good staff can help to build supportive peer groups among participants. The sense that New Chance

is "like a family" in which everyone cares about one another is an important element that keeps young women coming to the program.

Findings on Recruitment and on the Characteristics of Program Enrollees

- **Recruiting participants required ongoing effort. Sites adopted various recruitment strategies, with welfare agencies and welfare employment programs being a key source of program referrals at many sites.**

The very newness of New Chance was itself an obstacle to recruitment, especially at the outset, when the local programs lacked a track record and reputation in their communities for running this kind of program. Furthermore, many sites had little prior experience publicizing their services or recruiting to fulfill enrollment goals or meet timetables. Eleven of the 16 sites met their recruitment goals on schedule.

Almost all sites relied heavily on the local welfare agency to identify and conduct outreach to potentially eligible young women. Welfare agency staff helped the New Chance sites with recruitment in three main ways: by assisting with mass mailings of program advertising flyers, by referring individual clients to the program, and by scheduling sessions at which New Chance representatives described the program and its benefits to prospective enrollees.

Other approaches included publicizing New Chance through various community agencies and through the media, holding an "open house" for prospective enrollees, recruiting door-to-door, and having current participants "sell" the program to other young women. Program staff tended to believe that recruitment efforts were especially effective if young women heard about the program from a variety of sources.

- **Sites have succeeded in enrolling a group of young mothers with serious educational and other impediments to employment.**

New Chance targeted and reached young mothers who were on welfare and were high school dropouts. Other characteristics of the 930 young women who had enrolled through December 1990 suggest that many faced sizable barriers to self-sufficiency.

The average enrollee, who was almost 19 years old, had completed fewer than ten years of schooling, read at the 8.4-grade level, and had not attended school during the two and a half years prior to enrollment. Forty percent had repeated a grade. While nine out of ten had worked at some time, the jobs they had held tended to be short-term and low-paying.

On a widely used measure administered at baseline, half of the young women registered scores indicating that they were at risk of a diagnosis of depression, and half of these had scores indicating that they were at high risk of such a diagnosis. Program staff noted that many young women lacked self-confidence. Staff also reported that almost half of the young women with whose situations they were familiar, and their children, did not have a stable place to live at some point during their program tenure, and that smaller but nonetheless disturbing percentages of enrollees were the victims of physical abuse, used alcohol or illegal drugs (or

had family members or partners who did so) to such an extent that this use interfered with their program attendance, or were discouraged from participating by boyfriends or family members.

Compounding these other issues is the fact that the young mothers in New Chance are just that – young, and often lacking in the judgment and perspective that come with greater maturity.

- **Despite the overall high level of disadvantage, there is considerable variability among program enrollees.**

About 55 percent of the enrollees are black, 24 percent white, and 19 percent Hispanic. At baseline, 34 percent were living with their mothers, and an equal proportion reported living in households with no other adult present. Sixty-five percent had one child, while 9 percent had three or more children.

Enrollees were equally varied in their other characteristics. For example, while 27 percent read at the tenth-grade level or higher, 34 percent read at the sixth-grade level or lower. Twenty-one percent reported that the father of their child saw the child daily, while 32 percent said he had no contact with the child.

There are also striking differences among enrollees at the 16 sites. For example, at one site, only 4 percent of the enrollees reported that their families had always received welfare when they were growing up; at another site, almost half the young women (47 percent) reported continuous welfare receipt. Similarly, at two sites, about one-fifth of the sample members left school before their first pregnancy; at another site, almost two-thirds did so. These differences in the characteristics of enrollees pose different challenges for site operations.

Findings on Attendance and Retention

The participation data in this report are limited in several ways: (1) Because of the timing of the report, only the participation of program enrollees through September 1990 – slightly under half of the young women ultimately assigned to the program treatment group – could be tracked; (2) all these enrollees were tracked only for the first four months after random assignment (a subgroup of early entrants was tracked for eight months); (3) for over half of the enrollees, at least one of these months was in the summer, when the pace of activities at the sites slowed and when a number of sites closed altogether for a few weeks; and (4) most sites had not reached operational maturity during the period when the data were collected. For all these reasons, the findings presented here must be regarded as preliminary and subject to modification in later reports.

- **The majority of New Chance participants received services in all the component areas.**

Eighty-nine percent of the young women participated in some program activity within four

months after entry. Virtually all of these participants attended adult basic education or GED-preparation classes, and over 85 percent of the participants received employability development services and parenting and life skills instruction.

Even in family planning education and health education, the least-attended classes, 79 percent of the participants attended classes covering these subjects during the first four months after enrollment. (Some of the young women who missed the monthly group family planning sessions may have received counseling on this topic in individual meetings with case managers, other staff members, and personnel at family planning facilities.)

- **As with other programs serving disadvantaged youth, absenteeism has been a common problem, and attendance has varied considerably among individuals and by site.**

Some degree of absenteeism is to be expected, but the data that are available, along with the reports of program operators, suggest that absenteeism has been a problem at a number of New Chance sites. The difficulties these sites have experienced in securing good attendance are not unusual. They have been widely reported by many other programs, both mandatory and voluntary, for hard-to-serve youth.

The average participant spent 136 hours in program components during the first four months they were enrolled (a figure that includes class hours and field trips but excludes individual counseling). This average figure conceals a good deal of variation among individual participants. For example, 23 percent of all participants attended 50 or fewer hours in the first four months after entry, while 11 percent amassed 250 or more hours. There was also considerable variation by site, with average total measured hours within the four-month follow-up period ranging between 67 and 205. According to program staff, reasons for absenteeism included transportation problems, the participants' illnesses and those of their children, conflicting welfare and medical appointments, enrollees' lack of interest, their unfamiliarity with a tightly scheduled routine, and personal problems. Those young women who attended more regularly (and had other, more favorable in-program outcomes) were the ones who entered New Chance with greater educational and psychological assets.

A site's record of good attendance appears to be the product of multiple forces: clearly articulated requirements that are emphasized from the start, interesting classes, responsive staff, and receptive participants whose personal difficulties are not overwhelming.

- **Overall, 75 percent of all young women who participated in New Chance remained enrolled by the end of the fourth month after random assignment.**

Staff reported that the most common reasons for termination were loss of contact with the enrollee, the enrollee's failure to meet program requirements, and dissatisfaction with the program. Termination rates varied by site, reflecting both differences in the extent of absenteeism among the sites and different enforcement practices, including the degree of promptness in removing nonparticipants from the enrollee roster. The New Chance sites are permitted to readmit young women who have been terminated, and of those enrolled through

May 1990 and subsequently terminated, one in eight had reentered the program by the end of the year.

- **Because New Chance requires regular attendance over an extended period, participants' varied problems come to light. Responding to these problems makes an already complex intervention even more complex.**

The daily attendance requirement has brought to light the difficulties many young women face. Unstable living arrangements and homelessness have been a problem at a number of sites. So has substance abuse, sometimes by the participants themselves but more often by their family members and partners. Domestic violence is also common.

Some sites have expanded the services they offer to respond to these problems. For example, they have developed linkages with mental health agencies to which they can refer especially troubled young women for psychological counseling, and three sites have obtained Section 8 housing subsidies for participants. One site established a temporary residence for young women and their children.

* * *

In sum, the initial picture of New Chance that emerges during the early implementation period is one of considerable promise, tempered by the inevitable problems of starting a new (and in this case very complex) initiative, and by the challenges of working with a highly disadvantaged population of young people.

In this regard, it is worth noting that the prevailing spirit at the New Chance sites is one of optimism. Program staff contend that in a relatively brief period they have seen very real changes in participants' behavior. They are cheered by participants' accomplishments, such as obtaining a GED and moving into occupational skills training, and remark that many young women show more patience with their children, touch them more gently, and speak to them more lovingly than when they first enrolled in the program. Staff members also believe that even those who have participated only minimally have gained something from the program. As the results of the New Chance impact analysis become available, it will be possible to determine whether the program approach is successful in helping young mothers improve their credentials, join the work force, acquire new parenting skills, and create a better life for themselves and their children.

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ABBREVIATIONS

ABE	adult basic education
AFDC	Aid to Families with Dependent Children
BEGIN	Begin Employment Gain Independence Now Program
CBO	community-based organization
CCDP	Comprehensive Child Development Program
CES-D	Center for Epidemiological Studies Depression Scale
GAIN	Greater Avenues for Independence Program
GED	General Educational Development (high school equivalency) certificate
ISP	individual service plan
JOBS	Job Opportunities and Basic Skills Training Program
JTPA	Job Training Partnership Act (1982)
LEAP	Learning, Earning, and Parenting Program
LSO	Life Skills and Opportunities curriculum
MDRC	Manpower Demonstration Research Corporation
MIS	management information system
MOST	Michigan Opportunity Skills and Training Program
PIC	Private Industry Council
PSID	Panel Study of Income Dynamics
SPOC	Single Point of Contact Program
STRIDE	Success Through Reaching Individual Development and Employment Program
SYEP	Summer Youth Employment Program
TABE	Test of Adult Basic Education
WIC	Special Supplemental Food Program for Women, Infants, and Children
WIN	Work Incentive Program

CHAPTER 1

WHAT IS NEW CHANCE?

I. An Overview of New Chance

Diane, a soft-spoken 19-year-old, is the mother of an 18-month-old son. When Diane was herself a toddler, her mother died. Diane couldn't get along with the woman who eventually became her stepmother, and at 14 she moved out of her father's house, shuttling from one relative to another. Each change of living arrangements brought a change of schools. Stressed and depressed, Diane dropped out of tenth grade. Diane worked for three years, first in a five-and-ten and then in a nursing home. She joined the Job Corps but soon thereafter became pregnant and had to drop out. After the baby's birth, she began a GED (General Educational Development, or high school equivalency) program but left because she had no child care. Still estranged from her father and somewhat socially isolated, she is highly motivated to work, although she has no strong career preferences – "anything decent" will do, she says.

Chris, aged 19, is the mother of a two-year-old son. They live with Chris's mother, who was also a teenager when she first gave birth and who now gets by on a widow's pension. School was hard for Chris. She had to stay back a year, and feeling humiliated by one particular teacher, began to cut his and other classes and to experiment with drugs. She dropped out at 16, in the middle of ninth grade, and soon became pregnant. The baby's father ended the relationship when he found out about the pregnancy, but Chris remains on excellent terms with his parents, who help to care for their grandson. Chris worked in a fast-food restaurant and as a cashier but now wants a job where she won't have to deal with rude customers.

Doreen, a lively young woman of 17, lives with her two children and their father. Her mother, who dropped out of school when she herself was 17 and pregnant, has received welfare for Doreen's entire life. Doreen disliked her regular high school, where, she says, students fought and shot each other over clothes, girlfriends, and drugs, and she left at 15 to give birth to her first child. She attended a special school for pregnant teens, but its rules required her to return to her regular school after the baby was born, and she soon dropped out again. Doreen has had a couple of part-time jobs and would like to work in a beauty salon.

Marie, slim and stylishly dressed, is, at 20, the mother of two children, aged three and two. The drug dealers who hang around the public housing project where she lives make her feel unsafe, and she would like to have the wherewithal to move. Marie is the youngest of nine children, and she frequently turns to her mother, who lives nearby, for advice on childrearing. She accepts a lot of it, but unlike her

mother she feels she should hit, not just talk to, her two-year-old "when she does something wrong." Marie didn't do well in school. She says her teachers were uninterested in the students but concedes that, swept away by love, she was also uninterested in learning. In fact, Marie's first pregnancy was planned – she thought she and her boyfriend would marry – but the relationship broke up soon after the baby's birth. Marie, who has held several subsidized summer jobs, was bored staying home and wanted to go back to school. She hopes eventually to become a licensed practical nurse.

Joanne, at 20, has had only one boyfriend all her life. She lives with him and their four children, who range in age from five months to five years. She cut classes in high school and dropped out when she became pregnant with her first child. Although she thought about returning, she never did. Instead she began a series of low-paying, part-time and full-time jobs. Her goal is to give her children "the good life," which, she says, is "not luxury things, but a good education and a nice house in a safe neighborhood."

Diane, Chris, Doreen, Marie, and Joanne are among the 930 young mothers who enrolled in the New Chance program between August 1989 and December 1990. (Their names and certain identifying details, like those of other young women profiled in this report, have been changed.) New Chance, which operates in 16 locations (or "sites") in ten states across the country, is a new research and demonstration program to help welfare mothers between the ages of 16 and 22 become responsible, self-sufficient workers and parents and to improve their own life prospects and those of their children. Specifically, the program seeks to assist the young women, who first gave birth as teenagers and who are high school dropouts, to advance their education, acquire vocational skills, find and keep jobs offering fringe benefits and opportunities for advancement, reduce their receipt of public assistance, delay further childbearing, become better parents, adopt sounder health habits and become better users of preventive health care, and become knowledgeable consumers of child care. New Chance also aims to improve the cognitive, emotional, social, and physical development of participants' children.

To achieve these wide-ranging goals, the New Chance model includes comprehensive and integrated educational, employment-related, health, parenting, and counseling services, which (except for occupational skills training, work internships, and program-facilitated health care) are generally provided at the program site. Free child care services are also available. The program allows for intensive and long-term participation: Young women attend daily and can remain enrolled for up to 18 months, with up to a year of follow-up services after they become employed or enter advanced skills training or post-secondary education. A range of agencies operate New Chance: community service organizations, schools and a community college, and local government agencies.

The New Chance service mix and the program's intensity and duration address the cluster of needs typically experienced by exceptionally disadvantaged young mothers. They also make New Chance more expensive than most welfare-to-work programs for older welfare recipients, which have centered on relatively inexpensive services such as job search. Preliminary estimates based on data for four sites suggest that the average cost per participant in New

Chance is comparable to the cost of a year of high school, plus child care. It ranges between $5,500 and $9,500, with child care accounting for between 17 and 37 percent of the total.[1] The sites are funded by a combination of public and private monies; in most cases, the state welfare department is a major funder of program operations.

The cost of New Chance would be relatively small, however, if the program decreased long-term reliance on public resources by poor young mothers. One recent study estimates that U.S. taxpayers spent $21.55 billion in 1989 on Aid to Families with Dependent Children (AFDC) welfare, food stamps, and Medicaid benefits to assist families begun with a birth to a teenager (Center for Population Options, 1990). The same study estimates that the public will spend $50,925 over the next 20 years for each family that receives public assistance after a teen birth. For this reason, the Family Support Act, passed by the U.S. Congress in 1988, gives young welfare mothers high priority for services to help them become economically self-sufficient. The relationship between New Chance and the Job Opportunities and Basic Skills Training (JOBS) Program created under that act is discussed later in this chapter.

Moreover, there is evidence that substantially less expensive services may not be enough to enable these young mothers to get jobs. Studies examining the effects of welfare-to-work programs for AFDC mothers older than those targeted by New Chance indicate that low-cost services have been ineffective in moving the most disadvantaged welfare recipients into employment (Friedlander and Gueron, forthcoming; Gueron and Pauly, 1991). If New Chance can help participants get and keep jobs that enable them to remain off public assistance, then investing in these young mothers now may substantially reduce public expenditures in the long run. Savings and other benefits may be even greater if the program has a positive impact on participants' children as well as on the participants themselves.

New Chance was designed by the Manpower Demonstration Research Corporation (MDRC), a private nonprofit organization that develops and tests initiatives to improve the well-being and self-sufficiency of poor people. MDRC staff devised the New Chance model in part on the basis of the organization's prior experience with Project Redirection, an 11-site demonstration program for teenage mothers younger than those targeted by New Chance. Operated in the early 1980s, the program was directed to pregnant and parenting teenagers on welfare who were 17 and under. It linked participants with existing community services and supplemented these with workshops and counseling. A five-year follow-up study of former Project Redirection participants and members of a comparison group indicated that the program resulted in increased employment, reduced welfare receipt, and improved child development outcomes, although it did not increase educational attainment, reduce subsequent pregnancy, or improve overall financial well-being. Research on Project Redirection was particularly relevant in suggesting that an employment-focused program would respond to the needs and interests of older teens (Polit, 1988; Polit, Quint, and Riccio, 1988).

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[1]These figures are estimates of the program's *gross* cost. Later reports will provide information on the program's *net* cost – i.e., how much *more* New Chance costs than the kinds of services young mothers would otherwise receive.

MDRC's 13-site JOBSTART Demonstration provided the organization with additional experience in serving young mothers, who constituted a quarter of the enrollees. The program, which operated between 1985 and 1988, offered basic skills education, occupational skills training, support services, and job placement assistance to high school dropouts aged 17 to 21. Several sites had on-site child care, but otherwise the program did not offer services specially geared to young mothers and their children. (See Auspos et al., 1989.)

In developing New Chance, MDRC staff consulted with members of the Committee on Adolescent Parent Studies of the organization's Board of Directors. Staff also reviewed the literature on adolescent parenthood and on program approaches to serving young mothers and their children. Some 30 experts were interviewed, including academicians, youth program operators, welfare administrators, and others. Finally, the organization established an advisory committee to provide ongoing guidance to the project, informing both the model development process and the ensuing evaluation. The consensus was that an enriched and comprehensive program model was required to respond in a holistic way to the multifaceted needs of disadvantaged young mothers.

The program design that resulted was innovative and complex, and there was no prior research suggesting that a program model of this type was feasible. For this reason, MDRC instituted a six-site pilot test of the model, beginning in March 1987 and lasting over a year.[2] The experience of the pilot sites was encouraging (Quint and Guy, 1989). While the sites faced many challenges, they were able to put in place all the components of the model. Staff at the pilot sites unanimously endorsed the concept of comprehensive services. They also noted the critical role of child care, counseling, and other support services, as well as the importance of providing services at the same place for fostering a close, cohesive atmosphere and securing participants' attachment to the program. Finally, early data on attendance and retention in the program, avoidance of repeat pregnancies, and receipt of a high school equivalency certificate were promising.

On the basis of these findings from the pilot period, MDRC moved forward to refine and further specify the program model and to mount a rigorous test of the program's impacts on young mothers and their children and of its costs and benefits. With the assistance of state welfare and education agencies, 17 sites were selected to participate in the demonstration; one of these subsequently ended its participation in the demonstration by mutual agreement

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[2]The six organizations involved in the pilot test were Aunt Martha's Youth Service Center (Park Forest, Illinois); Chicanos Por La Causa (Phoenix, Arizona); New York City Technical College (Brooklyn, New York); Pittsburgh in Partnership with Parents (Pittsburgh, Pennsylvania); San Francisco Renaissance (San Francisco, California); and the Urban Affairs Corporation (Houston, Texas). Two of these sites – Aunt Martha's Youth Service Center (whose New Chance program was relocated to Chicago Heights, Illinois) and Pittsburgh in Partnership with Parents – continued into the demonstration phase. The Phoenix site could not gain funding support for the demonstration phase, while the San Francisco site's parent organization experienced financial difficulties and divested itself of most of its programs. The Houston site also lost its funding and ceased operation. The Brooklyn New Chance program could not make the program adaptations required by the demonstration.

between the site operators and MDRC.[3] While these sites generally had some experience in serving the New Chance target population or providing the required services, all had to modify what they were doing, sometimes considerably, in order to conform to the program model.

Table 1.1 shows the operating agencies and their locations. MDRC pledged $100,000 to each site over a three-year period (used to leverage an additional $200,000 in funding from the state)[4] and also provided initial training and technical assistance. From the point that program operations began, MDRC has provided the sites with additional technical assistance and has monitored their compliance with the program model and with the research requirements; the organization is also responsible for designing and carrying out the research agenda. MDRC's New Chance activities are funded by a broad consortium, whose members are listed in Table 1.2.

This is the first report to be issued on the New Chance Demonstration. It centers on the implementation of New Chance and the experience of the sites in operating the first phase of the program. During this phase, enrollees generally take part in education activities and participate in program components designed to increase their knowledge of the world of work; to improve their parenting, family planning, and other health-related practices; and to enhance their communication and decision-making skills. Child care and other services for their children are also available. The report examines the sites' ability to put the program in place, to recruit participants, and to secure their attendance and continuing commitment. Later reports will discuss more fully the subsequent phases of the program, when the young women leave the site to participate in skills training, work experience positions, and regular employment, and will also address questions of program effectiveness, costs, and benefits. The final report on the program's impacts on participants and their children is scheduled for publication in late 1995.

The next section of this chapter considers a number of issues associated with adolescent childbearing. Then the New Chance model, how it responds to these issues, and a day in the life of a representative participant are described. Attention then turns to the policy context in which New Chance is unfolding. This is followed by a discussion of the research agenda for the demonstration as a whole and the data sources used in this report. The chapter concludes with an overview of the rest of the report.

II. Adolescent Childbearing: The Issues

Contrary to the widely held belief, there has been no "epidemic" of teenage childbearing in the United States. The number of births to young women under age 20 actually declined

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[3]The experience of that site, the Board of Cooperative Educational Services (BOCES) of Nassau County, New York, is discussed in Appendix A.

[4]In two states, this commitment is specifically written into state legislation or the state budget. A 1989 California law established three New Chance Demonstration sites and authorized $200,000 per site over the course of the demonstration. It also requires the State Department of Education, State Department of Social Services, local GAIN program, and MDRC to work collaboratively on the New Chance Demonstration. In Minnesota, the state's funding for the New Chance site is a line item in the budget of the Department of Human Services.

TABLE 1.1

NEW CHANCE PROGRAM OPERATORS AND LOCATIONS

Del Rey Center Sweetwater Union High School District Chula Vista, California	Multi Resource Centers, Inc. Minneapolis, Minnesota
Youth and Family Center Inglewood, California	National Puerto Rican Forum, Inc. Bronx, New York
Independence Adult Center Eastside Union High School District San Jose, California	Mid-Manhattan Adult Learning Center Office of Adult and Continuing Education New York City Board of Education New York (Harlem), New York
Community College of Denver Technical Education Center Denver, Colorado	PIVOT-New Chance Program Portland Public Schools Portland, Oregon
The Bridge Family Health Services, Inc. Jacksonville, Florida	The YWCA of Salem Salem, Oregon
Aunt Martha's Youth Service Center, Inc. Chicago Heights, Illinois	Expectant and Parenting Youth Program Private Industry Council of Lehigh Valley Allentown, Pennsylvania
The Family Care Center Lexington, Kentucky	Lutheran Settlement House Women's Program Philadelphia, Pennsylvania
Development Centers, Inc. Detroit, Michigan	Hill House Association Pittsburgh in Partnership with Parents Pittsburgh, Pennsylvania

TABLE 1.2

FUNDERS OF THE NEW CHANCE DEMONSTRATION

U.S. Department of Labor
The Ford Foundation
W. K. Kellogg Foundation
Meyer Memorial Trust
The UPS Foundation
Charles Stewart Mott Foundation
DeWitt Wallace-Reader's Digest Fund
The Pew Charitable Trusts
William T. Grant Foundation
Smith Richardson Foundation
The Skillman Foundation
The David and Lucile Packard Foundation
Stuart Foundations
AT&T Foundation
The Bush Foundation
Foundation for Child Development
The Chase Manhattan Bank, N.A.
Exxon Corporation
Koret Foundation
Mary Reynolds Babcock Foundation
GE Foundation
National Commission for Employment Policy
ARCO Foundation
The Allstate Foundation
Neighborhood Reinvestment Corporation
Grand Metropolitan Foundation
Honeywell Foundation
Kaiser Permanente

by 26 percent from 1970 to 1988 (from 656,460 to 488,941). However, during the same period, the proportion of births to *unmarried* teens more than doubled, from 31 percent of all births to teenagers in 1970 to 66 percent in 1988 (Charles Stewart Mott Foundation, 1991). In addition, fewer than 10 percent of teen mothers place their children for adoption; the proportion is even lower for young mothers who are black (Bachrach, 1986). The consequences of these demographic shifts are discussed below.

A. Poverty Among Teenage Parents

Teenage childbearing does not inevitably consign families to poverty. Two longitudinal studies of low-income black women who first gave birth as teenagers suggest substantial variation in their long-term outcomes. Furstenberg et al. (1987) found that, 17 years after their first child was born, two-thirds of the young Baltimore mothers in the original sample were employed, half had incomes above the poverty line, and two-thirds had not received welfare during the previous five years. Horwitz et al. (1991) report the results of a 20-year follow-up study of a group of young mothers in New Haven who had received a comprehensive set of educational, medical, and social services while pregnant. The large majority (82 percent) of these women had not received welfare for the preceding 12 months, and just under half had incomes of $15,000 a year or greater.

However, much has changed since the mid-1960s, when the mothers in both studies first gave birth, and it may not be possible to generalize from these studies to the present situation. On the one hand, the expansion of services to pregnant and parenting teens might be expected to result in improved outcomes for today's young women. On the other hand, with contraceptives now widely available and abortion legal, it is likely that teenagers who give birth today are a more disadvantaged group than their earlier counterparts. Moreover, well-paying jobs increasingly require more education and job skills. Both these factors suggest that teenage childbearing is likely to have more serious consequences today than it did 20 years ago (Nord et al., 1991).

While the link between teenage childbearing and poverty is not automatic, there is strong evidence that the two phenomena are strongly associated. At a time when many families need the income of two working parents to escape poverty, children born to unmarried teenage mothers are at a double disadvantage.[5] First, their fathers are unlikely to be a reliable source of income support. While many young fathers contribute in some way to their children's support during infancy, even when they are not married to the mothers (Klinman and Sander, 1985), there is also evidence that this aid declines over time (Polit, 1988). Official efforts at child support enforcement within this population have generally been weak. In 1987, only a fifth of never-married women with dependent children had a child support award (U.S. House of Representatives, Committee on Ways and Means, 1991), and child support enforcement with the partners of teenage mothers tends to be especially low (Wattenberg, 1984; Rivera-Casale,

[5]Marriage is not necessarily a lasting solution to the problem. Numerous studies have documented a strong association between early marriage and subsequent divorce. Data from the 17-year follow-up study of black teenage mothers in Baltimore indicate that while 78 percent of the sample had married, only 26 percent remained in a first marriage (Furstenberg, Brooks-Gunn, and Morgan, 1987).

Klerman, and Manela, 1985). Furthermore, because many of these fathers are themselves unemployed or work at low-wage jobs, even when they do provide financial assistance, such support is generally informal and insufficient to help mothers and children escape public assistance.[6]

Second, young mothers face difficulties earning their way out of poverty. Teenage childbearing reduces the human capital young mothers bring to the labor market by heightening the probability of educational disruption. Numerous studies have documented the fact that women who give birth as teens are less likely to complete high school than are women who become mothers at a later age, even when other factors that might explain academic achievement, such as family socioeconomic status and prior school performance, are statistically controlled for. Pregnancy is a major cause of high school dropout among teenage girls (Ekstrom et al., 1986). Only 56 percent of women aged 21 to 29 in 1986 who had given birth at age 17 or earlier graduated from high school, compared to 91 percent of those who delayed childbearing until they were 20 to 24 (Upchurch and McCarthy, 1989). While teenage childbearing did not lower the probability of high school graduation for those mothers who were still in school when they became pregnant, it did reduce the likelihood of completing school for those young women who dropped out prior to a pregnancy (Upchurch, 1988).

Early parenthood reduces the human capital of young mothers in another way: by reducing their early labor force participation. Young mothers are unlikely to work in the years immediately after giving birth (sometimes because they are still in school), and it may be in part because they do not acquire job skills or work experience at this point that, when they do enter the labor force later on, they take jobs that are less prestigious and at which they earn less (Hofferth, Moore, and Caldwell, 1978; Haggstrom et al., 1981).[7] Studies also indicate that early childbearers have more children, and do so more quickly, than do their older counterparts, and that this difference is associated with reduced labor force participation (Furstenberg, Brooks-Gunn, and Morgan, 1987; Millman and Hendershot, 1980). However, being a teenage mother does not reduce the probability of labor force participation over time: By their mid-twenties, women who gave birth as teenagers are at least as likely to be in the labor force as their age peers who deferred childbearing, when the latter are leaving jobs to start their families (Card and Wise, 1978; Hofferth, Moore, and Caldwell, 1978).

Larger families and lack of educational credentials and work experience all place young mothers at a significant disadvantage in an increasingly competitive labor force (Berlin and

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[6]To address these problems, MDRC, in partnership with the Pew Charitable Trusts, the Ford Foundation, the U.S. Departments of Health and Human Services and Labor, and the AT&T Foundation, is developing the Parents' Fair Share Demonstration. Parents' Fair Share will provide employment, training, and other services to noncustodial fathers who are unable to pay child support because they are unemployed, and will strengthen child support enforcement practices to ensure that those who are unwilling to pay do so.

[7]It is worth noting that a premarital birth has been shown to be associated with long-term earnings reductions for white and Hispanic young women, but not for young women who are black (Lundberg and Plotnick, 1990). This may suggest that better strategies for dealing with out-of-wedlock childbearing have evolved within black communities or that the labor market prospects for black young women are already so bleak that they face few "opportunity costs" by having children outside of marriage.

Sum, 1988) and increase the probability of poverty. A recent study reported that the poverty rate was 93 percent for families that included children and were headed by a female high school dropout under 25 years old (Committee for Economic Development, 1991). Other data indicate that almost half of all poor children in 1988 lived in families in which the mother first gave birth as a teenager (Moore, 1990). Among women aged 20 to 29 in 1982, 50 percent of those who had their first child between the ages of 15 and 19 had incomes of 150 percent of the poverty level or less, compared with only 20 percent of the women who delayed childbearing until they were 22 to 24 years old, and only 9 percent of those who first became mothers at ages 25 to 29 (Hayes, 1987).

Finally, there is evidence that the negative effects of teenage childbearing are transmitted to the next generation, adversely affecting both the cognitive development and social and emotional well-being of the children of young mothers (Furstenberg, Brooks-Gunn, and Morgan, 1987; Moore, 1986).

Some researchers have recently asserted that the strong correlation between teenage childbearing and poverty does not mean that the former *causes* the latter, and that the negative consequences of teenage parenting have been exaggerated (Geronimus and Korenman, 1990). They contend that the specific consequences of early childbearing have too often been confounded with the effects of social disadvantage, which precedes rather than follows from teenage parenthood. That is, teenage mothers are likely to come from poor families with little education, and it is this, rather than parenting status, that causes their poverty. Even if they delayed childbearing, the argument runs, they would have few prospects for success in the labor or marriage market and would be likely to remain poor.

Geronimus and Korenman have tried to control for differences in background by comparing educational attainment, income, and welfare receipt in a relatively small sample comprising pairs of sisters, of whom one was a teenage mother and the other did not have a child until age 20 or later. Once family effects were controlled for in this way, the negative effects of teenage childbearing on welfare and on high school completion rates disappeared (although later childbearers were more likely to go on to post-secondary education), and the gap in family income narrowed considerably.

Geronimus and Korenman's analysis is now being subjected to intense methodological scrutiny. Their work is a valuable reminder that poverty has many negative consequences, of which teenage parenthood is one. However, whether or not the adverse effects now ascribed to early childbearing are more properly seen as the results of poverty, there is little disagreement that the plight of many young mothers is serious and demands ameliorative action.

B. Long-Term Welfare Receipt

Given the high incidence of poverty among female heads of households who gave birth as teenagers, it is not surprising that this group is at high risk of welfare receipt. Moreover, when young mothers go on AFDC, they are likely to stay there for long periods of time. In this respect, they comprise a special subgroup of all AFDC recipients. AFDC serves a diverse population of households, which use welfare for different reasons and for different lengths of

time. Analyses of data from the Panel Study of Income Dynamics (PSID) indicate that the majority of AFDC recipients go on welfare for relatively brief spells: Half of all women who go on public assistance in a given period exit the rolls within two years, although a significant proportion of these come back on at some later point. But the data also point to a group whose welfare receipt is more long-term, and young mothers are at high risk of membership in this category. Indeed, PSID data show that non-white women who went on welfare after giving birth as unmarried mothers and who were high school dropouts averaged ten years on the welfare rolls (Bane and Ellwood, 1983). Further analyses of this data base, which take into account multiple spells on welfare, also indicate that to reduce long-term receipt of public assistance, programs should target young, never-married women who go on welfare when their child is less than three years old (Ellwood, 1986).

Although teenage mothers account for only a small proportion of all AFDC recipients at any given time,[8] they remain on welfare for so long that families begun by teenage mothers account for the majority of all welfare expenditures. Fifty-nine percent of the women who received AFDC payments in 1988 were 19 or younger at the birth of their first child (Moore, 1990).

Prolonged stays on the welfare rolls are also of concern for several other reasons. First, welfare grants in most states do not afford families a decent standard of living. In January 1991, maximum AFDC benefits for a family of three were below the poverty line in every state; combined with food stamp benefits, they exceeded the poverty line only in Alaska and Hawaii. Moreover, the purchasing power of combined food stamp and welfare benefits dropped by 26 percent between 1972 and 1990 because states have not raised AFDC allowances to keep up with inflation (U.S. House of Representatives, Committee on Ways and Means, 1991). Second, long-term welfare receipt contravenes the traditional American ethic that parents should be responsible for supporting themselves and their children. The tenets of individual responsibility and of providing for one's own have always applied to fathers, but as increasing numbers of women – including mothers of young children – have entered the labor force, it has seemed inequitable to exclude welfare mothers from the expectation that they should also work. Finally, those left out of the labor force for long periods of time may become discouraged and isolated from the mainstream of American life.

III. The New Chance Model

The New Chance model builds upon a set of assumptions and hypotheses about why so many teenagers become mothers at such an early age, and about the essential ingredients of an intervention that will enable them to make better lives for themselves and their children off the welfare rolls. The model is both complex and prescriptive. All sites must adhere to guidelines that specify who is eligible to participate in the program, what services must be

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[8]One estimate suggests that in 1988, 7 percent of all AFDC families included a parent under age 20. This statistic comes from Table 21 of *Characteristics and Financial Circumstances of AFDC Recipients: FY 1988* (U.S. Department of Health and Human Services, 1990). The table estimates that there were 222,839 welfare mothers under age 20.

delivered, how they should be structured, and what type of program environment sites should strive to create. Within these parameters, however, sites have some flexibility to organize activities in ways that accommodate their particular circumstances and respond to participants' needs.

Table 1.3 summarizes the New Chance model, identifying key features of the target group and the treatment. These treatment features include specific services, a service delivery structure, and aspects of the program operating environment. This section briefly describes the target group and each element of the treatment, explaining the rationale for its inclusion in the model. The last part of the section shows how the model works in practice, by portraying a participant's typical day.

A. The Target Group

New Chance is principally targeted to young women on welfare who gave birth as teenagers and dropped out of high school (not necessarily in that order).[9] These eligibility criteria were adopted to ensure that program services would reach individuals at very high risk of long-term poverty and welfare receipt. Moreover, the welfare employment and job training programs of the 1980s have typically overlooked the needs of this hard-to-serve group.

A further requirement for program entry is that young women not be pregnant at the time of enrollment, so that they can take full and uninterrupted advantage of program services.

B. The Program Services

New Chance services are intended to address in a comprehensive way the many problems young mothers face. In so doing, they respond to what some knowledgeable observers believe to be a major cause of the problem of teenage childbearing: the absence of life options that present an alternative to motherhood and that appear both desirable and attainable to disadvantaged adolescents (Hayes, 1987). By equipping young women with the educational and vocational skills they need to avoid long periods of poverty and to get off welfare, New Chance seeks to expand the possibilities for productive and independent lives that young women view as available to them. A focus on employment appears especially reasonable for older teens and women in their early twenties (whereas for younger teens, employment is often a very distant concern).

Services that build human capital can enhance the quality of participants' lives and those of their children over the long term. Other program services further the development of

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[9]The eligibility criteria for New Chance, as discussed in Chapter 4, also permit the program to serve a limited number of young women who are poor but not on welfare or who are high school graduates in need of educational remediation.

MDRC considered including young fathers in the program model but ultimately decided that this would not be feasible from the standpoint of cost. Planners also questioned whether the problems and needs of young fathers would be adequately addressed in a program directed primarily toward, and staffed mostly by, women. The Pittsburgh New Chance site has elected to serve young fathers as well as young mothers in its program.

TABLE 1.3

THE NEW CHANCE MODEL

Target Group

Mothers 16-22 years old who: (1) first gave birth at age 19 or younger; (2) receive welfare; (3) do not have a high school diploma or GED; and (4) are not pregnant when they enter the program.

Treatment

5 Categories of Service Components:

- **Education:** adult basic education, GED preparation
- **Employment-related services:** employability development (career exploration and pre-employment skills training), work internships, occupational skills training, job placement assistance
- **Health and personal development:** Life Skills and Opportunities curriculum, health education and health services, family planning, adult survival skills training
- **Services to enhance the development of participants' children:** parenting education, child care, pediatric health services
- **Case management**

Service Emphasis: integration and reinforcement in each component of all program messages and skills

Service Structure: sequential phases of program activities, long duration, high intensity, on-site service delivery

Environment: small, personal programs; warm and supportive, but demanding atmosphere

participants and their children in the short term as well, and provide the supports young women may need to participate in the program.

The model calls for sites to implement a number of components, which fall into five categories:[10]

Education

A high school diploma or its equivalent is considered critically important for getting a well-paying job in today's labor market. Because New Chance is targeted toward high school dropouts, who are often alienated from regular high schools and beyond the age of regular high school attendance, the education component in New Chance is oriented toward helping young women attain a General Educational Development (GED), or high school equivalency, certificate. Furthermore, working toward a GED is usually a quicker route for these women to attain an educational credential than is amassing the requisite number of high school credits. Programs also offer basic education, and for those women for whom a GED is not realistic within the program timetable, the goal is to increase reading skills by at least two grade levels. The education component of New Chance is individualized, to accommodate the varying skills levels of program entrants.

Employment-Related Services

Like the education services, the services related to employment aim to develop the human capital of program participants. These services are of several types. First, because it is likely that many young women will have limited exposure to the world of work, *employability development* (a combination of *career exploration* and *pre-employment skills training*) classes are intended to provide them with information about employment possibilities and the skills they call for, as well as about what is required to get and hold a job. Second, *work internships* give young women work experience and an opportunity to try out areas of employment in which they have expressed interest. Third, *occupational skills training* in areas that are compatible with participants' interests and aptitudes and that are in demand in the local economy provide participants with the concrete skills they need to get jobs. Finally, sites are responsible for *job placement assistance* – helping participants find appropriate training-related jobs.

Health and Personal Development

New Chance addresses the needs of young mothers holistically. Not just an employment program, it seeks to help participants become mature, confident, and healthy adults and parents. Life Skills and Opportunities (LSO) classes, based on a curriculum previously developed by Public/Private Ventures for use in its Summer Training

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[10]Health services fit under two rubrics: Health and Personal Development, and Services to Enhance the Development of Participants' Children.

and Education Program (STEP) Demonstration for young teenagers, and adapted by MDRC for the New Chance population, seek to teach communication, problem-solving, and decision-making skills in the context of situations that may arise in the workplace or in relationships with partners, children, and other family members (Hunter-Geboy, Wilson, and Sherwood, 1989). *Health education and health services* aim to help participants and their children adopt healthful lifestyles and make good use of health care. Because controlling fertility is critical to the attainment of so many program objectives, *family planning* (comprising both education and services) is an indispensable component. *Adult survival skills training* (which covers such topics as budgeting and time management) is intended to help young mothers cope with the complex demands of adult life.

Services to Enhance the Development of Participants' Children

Parenting education activities seek to help young mothers learn about their children, enjoy them, cope with the inevitable stresses of being a parent, and stimulate their children's development. New Chance programs must also help participants locate and arrange appropriate *child care*. Child care fulfills two roles in the program model. First, it enables young mothers to attend regularly. Second, it fosters the development of their children. For these reasons, programs are directed, where possible, to offer care that is on-site and that is oriented toward helping children develop cognitively, emotionally, and physically. They must also arrange *pediatric health services* to help young mothers meet their children's health care needs.

Case Management

Case management has a central place in the service roster. The case manager acts as both counselor and monitor, assessing the needs of each participant on an ongoing basis, coordinating services to address these needs, keeping track of progress, and providing continuing guidance and support.

Program sites are also urged to consider implementing a mentoring component and to conduct outreach and offer services to participants' family members and partners. Because these activities would impose a sizable burden on sites, however, they are not required elements of the program model.

While the services prescribed in the model are distinct, they are also intended to be *integrated* – that is, to reinforce and complement each other. For example, in parenting sessions, the young women might talk about what having another child would mean for their ability to devote time and attention to the children they already have; in this way, the family planning message can be strengthened. Or employability classes might ask participants to calculate the amount of their biweekly pay checks in a job paying $15,000 a year, thereby also giving practice in arithmetic skills. The objective of service integration is to present the student with a consistent set of program messages interwoven through all program activities.

C. The Service Structure

The components described above are organized sequentially within a service structure characterized also by relatively long duration and high intensity, and by the delivery of most services at the program site. Each of these aspects of the service delivery structure was planned to respond to the perceived needs of program participants.

Sequence

Enrollees' participation in New Chance services can be scheduled in a variety of ways. However, the most common approach is to implement New Chance as a sequential program in which most participants begin with several months of GED preparation, employability services, and personal development, and then move on to skills training or work experience (although sites may also schedule GED preparation and these employment-related activities concurrently). Such a sequential arrangement helps ensure that enrollees will have completed the employability development and career exploration component before entering skills training or work internships, so that their entry into these activities will be based on knowledge about employer expectations, accurate information about possible occupations, and a sense of what suits their interests and abilities. Participants are expected to enter skills training or work internships by the end of the fifth month after program enrollment, in order to sustain their interest in employment and emphasize eventual self-sufficiency as a program goal.

In addition, each participant's program stay is slated to begin with an orientation period that includes a comprehensive individual assessment and basic family planning instruction. This helps to ensure that fundamental barriers to participation (including a new pregnancy) are identified and dealt with early.

Duration

Participants may receive program services for up to 18 months, and after moving into jobs or advanced education or training must be provided with at least 6 months and up to 12 months of follow-up services, including individual counseling and "alumnae" group activities. Given the high degree of disadvantage that program participants are likely to have experienced for many years, an intervention lasting a few months was not expected to overcome the many obstacles to success they confront. Research findings suggest that participants who are engaged for longer periods are more likely to achieve progress (see, e.g., Polit, Quint, and Riccio, 1988). Extended follow-up was deemed important because young mothers just entering the labor force can be expected to require extra support in order to balance the demands of job and family.

Intensity

The nearly full-time schedule of New Chance is intended to help prepare participants for regular full-time employment. Such a

schedule also helps ensure that programs will be able to deliver, and participants receive, the full range of program services.

On-site Service Delivery

Most of the services included in the New Chance model are available from other sources in the communities in which the program is located. However, it would be difficult for most participants to deal with many different agencies, each with its own regulations and procedures, in order to put together the New Chance service "package" on their own. Delivery of services at the program site (whether by New Chance program staff or by personnel from other agencies) is expected to facilitate access to the broad range of services prescribed by the model, as well as to foster group cohesiveness and peer support and to promote accountability for, and thereby increase, service quality. During the first phase of the program, most services, with the possible exception of health care and child care, are provided at the program site. Subsequently, participants move into skills training or work internships, which are generally off-site.

D. The Program Environment

While a program's spirit cannot be dictated in the same way as can the services it offers and their arrangement and intensity, the New Chance model prescribes an environment that fosters both strong attachments and individual achievements. Two features are especially noteworthy.

Small Size

Local New Chance programs are small in scale. As discussed below, they were generally expected to enroll 100 young women as participants over a period of 12 to 18 months, as well as to be able to serve 40 participants at a given time. The model specifies case managers' caseloads of no more than 25 active participants. The small size of the program helps to ensure an intimate and personalized program in which participants and staff know and relate to each other, and which allows for individualized attention.

A Warm and Supportive, but Demanding Atmosphere

It is expected that staff will provide participants with nurturance and support, qualities that may have been in inadequate supply when the young women were growing up (or, indeed, in the present). But the model also emphasizes that staff must establish a clear structure and high expectations, in order to prepare participants for the demands of the more impersonal workplace and the responsibilities of adulthood.

E. A Day in the Life of a New Chance Participant

The following description of a day in the program as it might be experienced by Carol, a hypothetical but representative participant, shows how the various parts of the program model come together to form an integrated whole.

- Carol wakes up early (often as early as 5:30 or 6:00 A.M.) to get herself and her daughter, Angelique, ready for the day.

Classes at the majority of sites start at 9:00 A.M. but as early as 7:30 A.M. at some sites. A participant whose children are cared for by a relative or a friend stops there first to drop her children off on her way to the site. Participants at sites that do not provide transportation usually take public transportation or find someone to give them a ride.

- Angelique is cared for at the on-site child care center. Carol brings her to the center in the morning with enough time before the start of classes to settle and feed Angelique before leaving for her own classes.

Some sites provide breakfast, and participants who arrive on time eat breakfast with other participants and often with one or two staff members as well. At most sites, participants who arrive late must sign in and get a pass from their case manager before going to class. Days are often divided, with education in the morning and personal development classes in the afternoon (or vice versa).

- In the education class, Carol sits at a table with five other participants. She decides to work on math, picking up in her workbook where she had left off last time. The subject is one that had always stymied her in school – operations with decimals. She reads the text explanation and spends the next half-hour working through two pages of problems, asking the teacher's help on one of them. After practicing some more, she takes a test that lets her know whether she has learned the material or needs to work further on it.

In most education classes, participants work individually, getting help from the instructor or from other participants. Periodically, the instructor has all participants work as a group to read a book together, practice essay writing, or discuss a current event.

- After a break, Carol decides to use a computer to practice reading and writing. She types her name in and then does several problems that call for her to find the main idea of a paragraph. When she gets the right answer, the computer says, "Good work, Carol!" Then Carol decides to write something herself: three paragraphs on a topic the group had discussed in parenting class the day before – "how my child changed my life, and how I am changing hers."

Students are usually given a 10- to 15-minute break during which they can get a snack, smoke a cigarette, or talk with each other. Some sites have special classes for students to work on computers. At other sites, computer-assisted instruction is integrated into education classes.

At lunchtime (lunch is often provided by the program), a participant can visit her children in the on-site child care center, eat with other participants, or, occasionally, spend extra time on the computers.

- After lunch, participants go to LSO. The topic for the day is relationships. The class begins by brainstorming things they want in a romantic relationship and things that might destroy the relationship. Next the instructor divides the class into two groups and has the groups draw up lists of "turn-ons" and "turn-offs" in romantic relationships and friendships. The class then discusses the differences and similarities in the two lists. The instructor asks for volunteers to role-play. Carol, who likes acting, plays the role of a man who "comes on too strong," and another participant is chosen to show that this is not how she likes to be treated. Through both dialogue and body language, Carol and the other "actor" entertain and are applauded by the other participants.

The health, parenting, employability, and LSO classes, which usually meet several times a week, involve participants in group activities and discussions. Sometimes a guest speaker is invited to discuss a particular topic.

- Carol leaves class early to talk to her case manager about a housing problem. Her case manager arranges for Carol to meet with someone at the local housing authority the next morning. Carol finds her education instructor to let her know she will be late (and might miss the entire class, depending on how long she must wait at the housing authority office).

Often a participant will drop by her case manager's office sometime during the day to chat or discuss a specific problem. In addition, crises in participants' lives necessitate additional and often impromptu meetings with a case manager. Immediate attention is required when participants' child care arrangements break down or participants need to locate new housing arrangements. In addition to counseling participants in urgent situations, case managers report that they also spend time during the day with participants who are "having a bad day" and need someone to talk to. In this way, the staff provide participants with individualized attention and support.

- Carol picks up her child from the day care center and is pleased to hear that her daughter made friends with another participant's child. Carol and her daughter go to the bus stop to wait for the bus that will take them home.

Classes usually end between 2:30 and 4:00 P.M.[11]

IV. The Policy and Program Context of New Chance

A. New Chance and JOBS

New Chance is unfolding in a public policy context marked by concern about the well-

[11]A few sites have participants who live in shelters for the homeless. One problem has been the shelters' rules prohibiting their inhabitants from returning before evening, leaving the participants without a place to go after the program.

being of disadvantaged families and about long-term receipt of public assistance. The Family Support Act of 1988 reflects the consensus of conservatives and liberals alike that AFDC recipients should be expected to participate in services that will help them enter the labor force, and that state welfare agencies should provide the services recipients need to gain employment. A major provision of the Family Support Act is the creation of the Job Opportunities and Basic Skills Training (JOBS) Program, which offers states new funding and other incentives to deliver education, vocational skills training, job-readiness activities, job placement, and other employment-related services either directly or through contracts with education, job training, and other agencies. In addition, Title III of the Family Support Act requires that child care and transportation be available to JOBS participants who need these support services and provides for child care for all AFDC recipients (regardless of JOBS status) who need it to go to work or remain employed. Further, JOBS extends Medicaid coverage and underwrites the cost of child care for one year for families whose welfare grant is discontinued because of increased earnings.

Essentially, all household heads whose youngest child is three or older (one or older at state option) may be required to participate in JOBS (in program parlance, they are "nonexempt") unless they have other responsibilities (such as caring full-time for an elderly relative) that require them to stay at home. If they fail to participate, their welfare grants may be reduced through a process known as "sanctioning." Additionally, states may require participation in education activities for parents under age 20 who lack a high school diploma or its equivalent and are not full-time students, regardless of the age of their children. This authority to mandate participation by mothers of young children represents a major departure from the Work Incentive (WIN) Program, JOBS' predecessor.

The JOBS legislation encourages states through a financial incentive structure to focus their efforts on groups most likely to become long-term recipients. Such groups include: (1) families that have been on welfare for more than 36 of the previous 60 months; (2) families in which the custodial parent is under age 24 and does not have a high school diploma or its equivalent; and (3) families in which the custodial parent is under age 24 and has had little or no work experience in the previous year.[12] Within these target groups, states are required to give first consideration to those volunteering for JOBS.

States were authorized to begin JOBS implementation in July 1989 and required to start the program by October 1990 (with statewide implementation slated to take place by October 1992). The JOBS legislation sets forth broad guidelines, within which states design their own programs with considerable discretion as to what services to offer, and at what scale. For instance, states can meet participation goals specified by the federal government by directing services to those who come forward voluntarily rather than by imposing a participation requirement on a larger segment of the welfare caseload; furthermore, states are not required to offer the same kinds of services in all areas of the state.

A survey conducted by the Center for Law and Social Policy provides some insights

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[12]An additional priority group comprises AFDC mothers who will become ineligible for assistance within two years because their children will be too old to be considered dependent.

about the extent to which states have implemented the JOBS provisions regarding teen parents (Levin-Epstein and Greenberg, 1991). One finding is that most states have only limited capacity to report data on teen parents in JOBS. (Of the 42 states responding to the survey, 18 could not readily provide the number of teen parents in their JOBS programs.) Second, the 24 states that could supply these data varied in the scale and intensity of their JOBS programs for teens.[13] Finally, teen mothers who were exempt from the participation requirement (e.g., because they were already attending school full-time) constituted a significant proportion of all teen mothers reported as enrolled in JOBS.

At present, there is no body of evidence about how best to serve the younger welfare mothers targeted by JOBS. Although programs for school-age mothers proliferated during the 1980s, the needs of mothers in their late teens went largely unattended. Too old for most programs based in the public schools, these women were also unlikely to be served by WIN because their children were too young. Moreover, programs funded under the Job Training Partnership Act (JTPA), which are often reimbursed on the basis of job placement rates, have been reluctant to enroll young mothers, whose low academic skills and need for support services make them poor risks for successful program completion and employment.

The New Chance evaluation will do much to fill this gap in knowledge and to guide the development of JOBS interventions for young mothers. It is estimated that at the time they entered New Chance, 65 percent of New Chance enrollees met the federal criteria for nonexempt status under JOBS: 61 percent were under age 20 and did not have a high school diploma or GED, while 4 percent were 20 or over and had no children under age 3.[14]

New Chance represents a program option that states can implement using JOBS funding. Most New Chance sites now make use of such funding to support the costs of occupational skills training, support services (e.g., child care or transportation), or program staff.

At all but one of these program locations, the regulations of the state JOBS programs now stipulate that at least some of the New Chance enrollees on welfare at these locations can

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[13]These 24 states reported approximately 25,000 teen parents participating in JOBS, with some 16,300 of these concentrated in five states and about 8,700 in the remaining 19 states. States also vary in the proportion of their teen parent welfare caseloads in JOBS. For example, California's program includes about 500 of the estimated 26,500 teen mothers on welfare in the state, while Ohio, Oklahoma, and Oregon report that they have enrolled over 60 percent of the teen parents on their AFDC rolls.

It should be noted that states responding to the Center for Law and Social Policy survey defined "participation" in JOBS in different ways. One of the five states with the largest number of young mothers enrolled in JOBS noted that the figure it provided represented the number of young women identified as eligible for JOBS, not the number actively engaged in education or employment training.

[14]A New Chance enrollee's status vis-a-vis JOBS may change during the course of her program tenure. So, for example, in Minnesota, where teenage mothers with children under one year of age are exempted from the participation requirement, one young woman may begin the program as JOBS-exempt but become nonexempt when her child turns one, while another woman may begin with nonexempt status but become exempt after she obtains a GED.

be required to participate in an initiative to increase self-sufficiency.[15] However, these regulations have not translated into programs that are mandatory in practice. For one thing, several sites are in states whose JOBS programs, while nominally mandatory, have funding to serve only those who come forward voluntarily for program services (e.g., New York and Michigan); because of funding constraints, Illinois temporarily suspended intake into its JOBS program altogether. For another, mandatory programs have rarely applied grant reductions to New Chance enrollees who have not met attendance requirements. A table outlining the relationship between JOBS and New Chance constitutes Appendix B.

B. Other Programs for Teen Parents and Poor Families

Along with New Chance, three other programs – the Wisconsin Learnfare program, the Ohio Learning, Earning, and Parenting (LEAP) program, and the Teenage Parent Demonstration – were all initiated before JOBS went into effect, and will also contribute to knowledge about how to help young mothers move toward independence from welfare. These programs differ from New Chance in several important ways. First, New Chance, as discussed below, is deliberately small in scale; the other programs are broad in their coverage and are intended to serve all young mothers who meet the eligibility criteria. Second, New Chance focuses on dropouts; the other programs enroll in-school youth as well and include dropout prevention among their objectives. Third, New Chance is largely voluntary; young mothers must participate in the other programs to continue receiving welfare, and sanctions are regularly imposed for nonparticipation. Finally, the New Chance model is distinctive not only in the sheer variety of its services but also in the strong, systematic implementation required for each program component, so that personal development services, for example, are a regular part of the overall schedule.

The Wisconsin Learnfare program was enacted by that state's legislature in 1987. It requires all AFDC recipients between the ages of 13 and 19 (whether or not they are parents) to attend school or an alternative educational program if they do not yet have a high school diploma or equivalency certificate. If they fail to do so, their family's AFDC grant is reduced. Teens are exempted from the requirement if they have a child less than three months old or transportation is unavailable.

The LEAP program (formerly called Project Learn) was developed by the Ohio Department of Human Services and approved by the state legislature in 1989. Like the Wisconsin Learnfare program, LEAP is a mandatory program focused on school attendance and completion. It differs from the Learnfare program in two major ways. First, it is limited to pregnant and parenting teenagers on welfare, not all teens receiving AFDC. Second, it employs financial rewards as well as sanctions: A bonus of $62 is added to the family's welfare

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[15]This situation has changed over time as states have put their JOBS programs in place, so that in some locales, later New Chance enrollees have been more likely to be subject to a participation requirement than earlier ones.

Because exempt versus nonexempt status is determined in part by the enrollee's age and the age of her child, it is possible for one enrollee at a given site to be subject to a participation requirement while another enrollee is exempt.

grant if the young woman meets the school attendance requirement, and the grant is reduced by the same amount if she does not. MDRC is engaged in a multi-year evaluation of this program and recently issued its first report, on LEAP's early implementation (Bloom et al., 1991).

The Teenage Parent Demonstration was initiated by the Office of Family Assistance within the U.S. Department of Health and Human Services and began operation at three sites (Camden and Newark, New Jersey, and the southern part of Chicago) in 1987. The program targeted teenage mothers who were receiving AFDC for the first time for themselves and their children and set a standard of 30 hours per week or more of participation in self-sufficiency-oriented activities. These could include high school or a GED program, job search assistance and vocational training for those who were high school graduates or for whom an education program was otherwise unsuitable, and workshops on life skills, parenting, and other topics. Failure to comply could result in the teen's portion of the AFDC grant being withheld from the assistance check. Participants received case management, child care, and transportation assistance.

The New Chance evaluation will also contribute to an expanding body of research on programs designed to increase the life chances of children growing up in poor families and, in some cases, to improve the economic well-being of their parents as well. Two large-scale initiatives of this kind are the Comprehensive Child Development Program (CCDP) and Even Start. CCDP, sponsored by the Agency for Children, Youth, and Families within the U.S. Department of Health and Human Services, is now operating at 24 sites and offers coordinated, highly individualized services for a period of five years to families with children under age one at the outset of participation. Core services for children include health care (screening, immunization, treatment, and referral), child care and early childhood education, and nutrition services, while adults receive parenting education, referral to education and job training, and other services as needed. The Even Start program, conducted under the auspices of the U.S. Department of Education at 73 sites, provides adult literacy and parenting services for parents and a developmental program for young children, usually within a school setting. Both CCDP and Even Start, like New Chance, are essentially voluntary, and thus face the challenge of engaging the interest and participation of eligible families. All three initiatives will measure effects on family functioning and child development.

The New Chance Demonstration, then, is poised to address a large and diverse audience of policymakers and practitioners. The evaluation is aimed at providing rigorous answers to questions about the model's effectiveness, feasibility, and cost.

V. The Research Agenda and the Scope of This Report

A. The New Chance Research

New Chance has been designed as a rigorous test as well as a demonstration of the model described in Section III. The evaluation of New Chance includes three types of studies: an impact analysis, a benefit-cost analysis, and a process (or implementation) analysis. Table 1.4 shows the key questions subsumed under each of these.

TABLE 1.4

COMPONENTS AND KEY QUESTIONS OF THE NEW CHANCE EVALUATION

Impact Analysis

- How effective is the model in increasing educational attainment and employment, improving parenting and health practices, and reducing subsequent childbearing and welfare dependence?
- How effective is the program in improving the cognitive, behavioral, and health status of participants' children?
- Do women and children with particular characteristics especially benefit from New Chance?

Benefit-Cost Analysis

- How do the costs of the program compare with the benefits that accrue from participation?

Process Analysis

- What is the New Chance treatment? To what extent does it vary from site to site, and in what ways?
- What are the enrollees' patterns of participation in New Chance? What services do they receive, how long do they participate, and why do they leave the program?

The *impact analysis* will use a rigorous experimental design to measure the program's effects on participants and their children. Each site was expected to recruit 150 young mothers who met the program eligibility criteria and were interested in participating. Through a centralized, computerized process controlled by MDRC, the young women who were recruited were randomly assigned to one of two groups, or samples. Two-thirds of the young women were assigned to the program *experimental* (treatment) group and allowed to participate in New Chance. The remaining one-third were assigned to the *control* group. Control group members were not permitted to enroll in New Chance or, in most instances, in other programs operated by the New Chance sponsor agency. They were, however, free to receive services from other agencies offering similar assistance, and all AFDC and other benefits to which they were entitled. Members of both the treatment and control groups – some 2,300 individuals – will be interviewed in their homes 18 months and 36 months after random assignment; participants' children will be studied as well. These interviews will constitute the main source of data on program impacts.

Random assignment is a powerful research tool because it helps assure that the experimental and control groups are equivalent prior to the program. The subsequent experiences of the control group will measure what happened without New Chance, and the difference in outcomes registered by the two groups will thus be a gauge of the program's effectiveness. The principal analysis will rely on pooled data from all 16 sites.[16]

Because the kinds of services offered by New Chance are otherwise available in the target communities, the impact analysis is unlikely to compare New Chance enrollees with a control group whose members received no services at all. Instead, it will indicate the incremental, or net, impacts of New Chance over and above whatever services the members of the control group received, which will presumably have been less comprehensive and more fragmented than the New Chance services.

The *benefit-cost analysis* will weigh those net benefits of the program to which monetary value can be attached against the program's net costs. The analysis will employ three different perspectives. The *participant* perspective will measure benefits and costs for members of the experimental group, appraising whether these individuals fared better or worse because of the program. The *taxpayer* perspective, in contrast, will examine benefits and costs from the point of view of everyone in society other than the young mothers served in New Chance. The *social* perspective will gauge benefits and costs for society as a whole – New Chance participants and everyone else.

If New Chance is effective in helping enrollees move into jobs, then net benefits from the perspective of the taxpayer might include reductions in New Chance enrollees' receipt of welfare and other public transfers (especially food stamps and Medicaid) as well as increases in tax revenues from taxes New Chance young women pay on their earnings. Because of the youth of New Chance enrollees and the length of the treatment, the three-year follow-up to

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[16]While site-specific effects will be investigated, the small sample sizes at individual sites will reduce the reliability of these findings.

be employed by the impact analysis is unlikely to be long enough to capture the full range of benefits. The benefit-cost analysis, therefore, will also include estimates of longer-term cost savings attributable to the program. Net costs are the costs of New Chance over and above the costs of services received by members of the control group.

The *process analysis*, of which this report is an example, is concerned with issues of program start-up and ongoing operation. Its mission is both to describe the program treatment in practice and to assess the conditions facilitating or impeding ease and effectiveness of implementation. Another objective is to document the characteristics and program experiences of New Chance enrollees.

This report on early program implementation centers on five questions:

1. Is it feasible to mount a program of the complexity of New Chance, and what factors facilitate or constrain implementation?

2. What choices have program operators faced in implementing New Chance, and what strategies have they adopted?

3. Has the program succeeded in reaching its target population of disadvantaged young mothers, and what are the characteristics of these young women?

4. What features of the program have been particularly easy or difficult to put in place?

5. What are enrollees' patterns of attendance and retention, and what factors explain these patterns?

B. Data Sources for This Report

To answer these questions, the report draws on a combination of quantitative and qualitative data.

The quantitative data employed here come primarily from the New Chance Management Information System (MIS). Sites participating in the demonstration are required to collect data on the demographic, socioeconomic, and psychological characteristics of all individuals who have been randomly assigned, and to submit these to MDRC. Site staff must also send a monthly time sheet for each participant, recording the number of days she attended and her hours of participation in each of several program components. Finally, they must send in additional forms indicating changes in a participant's status (e.g., acquiring a GED, completing skills training, reporting a repeat pregnancy, terminating from the program); recording the hourly wage, hours of work scheduled per week, and other key characteristics of her first post-program job; and showing the kinds of staff contacts with each participant who is being followed up.

Data from the enrollment forms and time sheets are used extensively in this report. Enrollment data are presented for 930 young women randomly assigned to the experimental

group through December 1990. Participation data cover the first four months of program activity for 738 young women selected for the experimental group through September 1990, and eight months of activity for 369 women enrolled in the experimental group through May 1990.

In addition, the report uses data from a survey administered to staff at all sites. This survey ascertained the demographic characteristics and backgrounds of staff as well as their previous experience in programs for teens, their views of the training and guidelines they received, and their opinions about the ability of New Chance to effect changes in various aspects of participants' lives.

Qualitative data are available from a number of sources. MDRC Research Department staff visited all 16 demonstration sites. During these visits, which usually lasted three days, the researchers interviewed site staff and participants at length, observed certain classes, and examined case records. The research site visit write-ups are a major source of information for this report. So are field reports and memoranda completed by MDRC Operations Department staff, who make regular bimonthly visits to all sites to monitor program operations and provide technical assistance. Operations staff members were also periodically debriefed about developments at the sites to which they were assigned. Finally, other internal MDRC memoranda and site documents (e.g., newsletters, recruitment flyers, participants' essays) contribute to the evidentiary base of this report.

C. The Implementation Challenge: An Overview of the Report

Mounting New Chance was a challenging process. The remaining chapters of this report discuss the various tasks involved in this process, the strategies sites adopted to accomplish these tasks, and the factors that facilitated or constrained their success.

Chapter 2 discusses the earliest phase of the demonstration. During this period, MDRC selected sites with some prior experience in serving the target population and provided them with detailed guidelines and training in order to increase the potential for effective implementation. As Chapter 3 makes clear, the sites were required to make major adaptations in their initial offerings, usually by bringing on new staff and sometimes by modifying their objectives and basic mode of operation as well. Efforts to ensure staff communication and thereby foster the integration of program messages are also considered here.

Chapter 4 deals with sites' efforts to recruit young mothers for the program, while Chapter 5 describes the participants, both as their characteristics were reported in the data collected at program enrollment and as the young women were perceived by program staff.

Chapter 6 is concerned with the program treatment. It discusses each of the program components, examining what is covered and how, issues associated with implementing these activities, and participants' responses. Chapter 7 looks at early patterns of participation, retention, and achievement, as well as at the efforts of staff to monitor participants' attendance and progress. The eighth and final chapter presents reflections and preliminary conclusions about the program's operational experience and policy significance.

While dissecting and analyzing tasks in this way provides a structure for the report and helps clarify the nature of the implementation effort, it must be remembered that the real challenge to site staff was to undertake all these tasks at once and on a continuing basis, often in the face of time-consuming crises presented by individual participants. Many project coordinators were also faced with the ongoing challenge of securing adequate funding and building political and community support for their programs.

It is also important to keep in mind that the demands of the research have helped to shape the activities and priorities of the participating sites. For example, sites had to recruit a specified number of enrollees according to a schedule (an unfamiliar process for most of them) because of the need to enroll the impact analysis sample so as to fit the overall demonstration timetable. As noted above, sites also had to maintain detailed records of participants' attendance and other activities.[17] If program staff had not been faced with these research requirements, it is plausible that they would have done some things differently and given other activities higher priority.

This is an early report in many respects. It includes only about 60 percent of the New Chance enrollees who will ultimately be studied in the research, and it follows most of them for only the first few months after program entry. A detailed discussion of the later program components – skills training, work internships, job placement, and follow-up – is reserved for a subsequent report (as is a consideration of the characteristics and activities of members of the control group).

Drawing conclusions is challenging because, while the 16 New Chance sites have implemented all the features of the New Chance model, such that the program is recognizable from one site to another, the sites have nonetheless sounded 16 variations on a common theme. This is not surprising, given the fact that the local programs are being operated by sponsors with different backgrounds and emphases, serve different populations, can draw on different resources, and face different obstacles in their environments. This report seeks not only to describe variation but also to derive cross-cutting generalizations and useful lessons for policymakers and practitioners.

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[17]Such records were frequently required by other funding sources besides MDRC; the general point is that paperwork occupied a fair amount of staff energies.

CHAPTER 2

MOUNTING THE NEW CHANCE DEMONSTRATION

I. Introduction

The New Chance model melds two orientations that have traditionally been associated with different kinds of services and personnel: the development of human capital and the fostering of psychological growth. Program services are also aimed at two generations. The challenging nature of the program concept – the comprehensiveness of the program model and the variety of tasks associated with putting it into place – suggested the need for specific strategies to assist sites in implementing the program. Research concerns reinforced this: Because young women were to enroll in the research sample during the first 18 months of the 36 months for which program operations were funded, it was vital that sites be able to deliver all New Chance services to the program treatment group from the beginning. Only if the program model were well implemented could it receive a fair test.

MDRC adopted four major strategies for increasing the likelihood of quality implementation as well as ultimate institutionalization. First, it selected sites according to criteria that emphasized prior experience and funding stability. Second, it developed guidelines for the various program components to guide development of site activities. Third, it provided fairly extensive initial staff training as well as ongoing technical assistance from MDRC personnel. Fourth, it ensured that each site would operate a three- to six-month pre-demonstration phase designed to allow sites to gain operational experience with the model and target group.

These strategies were carefully selected based on recommendations from outside experts on adolescent childbearing and programs for young mothers with whom MDRC consulted during development of the model; MDRC and site experience during the New Chance pilot phase; and MDRC's 16 years of experience designing and evaluating employment programs for the disadvantaged. It was MDRC's intent to speed sites' advancement on the "learning curve." This chapter discusses how and why each strategy was employed.

II. Site Selection

A. General Considerations

The considerations for selecting sites for the New Chance Demonstration went beyond an assessment of their capacity to implement and operate New Chance, although this was the first standard, and an important one. Two other considerations were of equal importance to the selection process: satisfying the demands of the evaluation and the programs' potential for institutionalizing New Chance after the three-year operational phase of the demonstration ended. Many of the programs considered for the demonstration had to be eliminated because they could not meet one or both of these latter two criteria.

The requirement that sites be able to give the New Chance model a fair test led MDRC to seek to graft New Chance onto existing programs that already had experience in delivering some of the services included in the program model to a target group resembling that of New Chance. Only the Lexington, Kentucky, site lacked a program that could serve as a starting point; the site was nonetheless selected because of the strong support it received from officials at all levels of government within the state, and because plans for building a multi-service center and operating a comprehensive program for AFDC recipients were already under way. All the other sites were already operating programs of some type in which young mothers were enrolled. However, as Chapter 3 makes clear, implementing New Chance required considerable augmentation and sometimes transformation of the original programs.

The evaluation added further demands to the site selection process. Sites that were fully capable of operating New Chance were eliminated from the competition because they were located in communities without a large enough pool of program-eligible young women to allow them to meet their enrollment targets; because they did not add to the regional or ethnic diversity important to a national demonstration; or because, in a few instances, they did not agree to a research design requiring random assignment.

Finally, the pilot phase experience pointed to the need to build the potential for long-term funding into site selection: At the end of the pilot phase, two New Chance programs had to cease operation because they lost financial support from the hard-pressed state agencies on which they had relied heavily. To help ensure that New Chance programs would be institutionalized and replicated if the results of the demonstration proved positive, MDRC engaged the states in the two-tiered site selection process described below.

B. The Site Selection Process

States were invited to apply to be represented in the demonstration. If they met certain qualifications, sites were then selected from among candidates nominated by the winning states. It was hoped that this process would both enhance prospects for institutionalization in the future and help smooth the path of program implementation in the near term by ensuring financial support and high-level interest and assistance in resolving local bureaucratic or regulatory issues.

States were asked to meet the four requirements shown in Table 2.1 as a condition of the application. Twenty-one states that were contacted by MDRC staff indicated interest in the demonstration. All were invited to a one-day meeting in May 1988 to discuss the project and to apply to take part in it. Ultimately, 13 applied and, from those, 9 were selected: California, Colorado, Florida, Kentucky, Michigan, Minnesota, New York, Oregon, and Pennsylvania. All of these states except California opted to support New Chance using state welfare agency funds; in California, the Department of Education supplied the funding. In addition, a tenth state, Illinois, was included in the demonstration; its Chicago Heights site had participated in the pilot phase, and there was sufficient public and private funding to substitute for the $200,000 the state would have had to provide for the demonstration (state participation was not required during the pilot phase).

TABLE 2.1

SELECTION CRITERIA FOR STATE AND SITE PARTICIPATION IN NEW CHANCE

State Selection Criteria

- States were asked to provide $200,000 over a 3-year period to each site selected in the state to participate. The funds could come from any source but were to be monies above and beyond what the site already received from state sources.
- States were asked to indicate the number of sites they were willing to sponsor and to nominate sites (preferably 3 nominees for every site the state would support).
- Each participating state was expected to form a high-level interagency task force or, if such a task force already existed, to place New Chance under its purview to oversee implementation of the program.
- States were asked to describe plans for replicating New Chance should the evaluation show positive results.

Site Selection Criteria

- Sites were required to have previous experience providing services to adolescent parents in at least 2 of the 4 main program areas: education, employment-related services, health and personal development, and services for participants' children.
- Sites were required to demonstrate financial and managerial stability.
- Sites had to be willing to adapt current practices to conform to the New Chance model.
- Sites had to be willing to cooperate with the random assignment evaluation and to comply with research and data requirements.
- Sites needed to have the capacity to recruit at least 150 eligible applicants over an 18-month period.
- Sites needed to have the capacity to serve at least 40 participants at any one time (after a reasonable phase-in period).

Collectively, the states nominated over 70 individual sites. Six main criteria, also listed in Table 2.1, directed the site selection effort. The 17 sites selected for the demonstration were judged to meet these criteria. Appendix A contains profiles of these sites; Appendix C is a table summarizing characteristics of the program locales.

C. Why States and Localities Applied to Participate

The shift in responsibilities between the federal and state governments over the last decade has given states a pivotal role in the design and implementation of human service initiatives, including services for pregnant and parenting teens. States already were attempting to address the needs of these young women and, for many, New Chance was an attractive adjunct to existing services. Kentucky, as noted above, was planning to operate a multi-service program for AFDC recipients in Lexington; to state administrators, New Chance presented an opportunity to bring in outside expertise, funding, and evaluators. Oregon already had brought together administrators of various state programs serving young people (employment, welfare, education, criminal justice, and others) and, to them, New Chance was a bridge connecting these services. The California Department of Education had supported a statewide network of services for school-age pregnant and parenting young women and saw New Chance as an opportunity to provide additional services to those who had "aged out" of other state-supported programs.

Sites were interested in participating in the demonstration for the same reasons as states, and for other reasons as well. Several saw the New Chance model as the most complete and integrated package of services available for teen mothers and were eager to put it into operation. Others believed New Chance was similar to what they were already doing, and it was the opportunity to have their program evaluated and validated that attracted them. Many also felt that they were making an important contribution to the body of knowledge about services to young mothers.

The demonstration funding available to sites from the states and from MDRC was an attraction to all of them, although it was understood that this money was inadequate to launch a full-scale program and that each site would have to supply considerable additional funding. Sites selected for the demonstration could each receive $100,000 from MDRC over the three years of program operations. Very few restrictions were placed on the use of these funds; the intent was that sites could use this money to fill gaps caused by the funding restrictions of other sources or to offset the additional costs associated with being involved in a research and demonstration program (e.g., the cost of extra data collection and reporting or the cost of the effort needed to recruit enough eligible candidates for the experimental and control groups).

While these funds were welcomed by the sites, they were not usually the major attraction for those interested in the demonstration. The budgets prepared as part of the sites' applications clearly indicated that $100,000 was a relatively minor share of the total cost of operating the program for three years. In addition, the funds were dispensed in partial payments made when sites had enrolled specified numbers of applicants in the research sample, making it difficult for sites to budget the funds, since they could not be certain when their targets would be reached and additional money would become available. Perhaps the major value of the MDRC funding was that it leveraged $200,000 from the states, and, in many

localities, other public and private funding was made available to the sites as a result of their participation in the national demonstration.

III. Standardizing the Program Model Through Guidelines

The purpose of the six-site pilot test was to assess the basic feasibility of a complex, multi-service approach. For this reason, MDRC did not specify how much of each service should be delivered or what specific topics should be covered.[1] As New Chance evolved into a full-scale demonstration project, MDRC sought to develop a more prescriptive model, with four objectives in view: standardization, high quality, ease of implementation, and replicability. MDRC's desire for uniformity was largely a response to the research needs of a multi-site demonstration. The other three objectives, however, are relevant to any organization seeking to improve its operations or institute changes in staff practices.

- **Standardization**. Achieving consistency in the treatment delivered by the different agencies facilitates the analysis of program impacts, for several reasons. First, this is an important requirement given the need to pool the sample across the sites. Second, a standard treatment serves as a benchmark against which individual site conformity to the model can be assessed. Third, it is important in an evaluation to have a clearly defined treatment in order to measure and interpret the results.

- **High quality**. Prescribing standards for the program, if these are set with care and reflect widely accepted best practices, provides both program staff and outside monitors with a set of criteria they can use in evaluating and improving performance.

- **Ease of implementation**. Studies of the implementation of new initiatives suggest that these innovations are far more readily put in place if they are clear and explicit (Fullan and Pomfret, 1977). Otherwise, staff charged with implementation are likely to become confused and frustrated about what they are supposed to do. Greater prescriptiveness can make it easier not only to implement the initiative initially but also to familiarize new staff members with what they are supposed to do (since staff turnover can usually be expected) and to replicate the initiative later on.

- **Replicability**. Transferring operational lessons from the demonstration sites to replication sites is made easier with specific guidelines describing program components. The guidelines can provide implementation recommendations and the rationale for including specific components.

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[1]The pilot sites were expected to implement almost all the activities now incorporated into the New Chance model (except for the Life Skills and Opportunities curriculum, which was developed after the pilot phase ended). The non-prescriptive approach resulted in considerable variation in site practices: One site, for example, scheduled a total of 6 hours of parenting activities, all in a single week; a second scheduled 12 hours in all (3 hours a week for 4 weeks); and a third scheduled 2 hours a week for an unlimited number of weeks.

Operating guidelines are a key vehicle through which MDRC sought to standardize the program treatment. Both the general operating guidelines and the guidelines for the components are highly detailed. A typical component guideline defines the component and gives a rationale for its inclusion in New Chance; describes what activities or services, at a minimum, should be included; and sets forth the minimum number of hours, the competencies that should be achieved, the staffing requirements, and curriculum and implementation ideas. The guidelines combine requirements (e.g., "All New Chance programs must offer on-site parent support groups and counseling in parenting"; "Case managers should meet individually with each of their participants at least every two weeks"; "MDRC requires New Chance sites to use one of the two curricula listed below for the monthly family planning group sessions/activities") with recommendations and advice (e.g., "To the extent possible, health lessons should be cast as ways of promoting health rather than as strategies to avoid illness"; "MDRC encourages the use of computer-assisted, computer-managed [education] instruction where possible"; "The parenting component could potentially cover a broad array of topics, and operators of New Chance programs are strongly encouraged to explore areas of special interest to participants in their own programs").

MDRC staff prepared guidelines covering 11 areas. Ten of these correspond to the program components specified in the program model: education, employability development (career exploration and pre-employment skills training), occupational skills training, work internships, parenting, adult survival skills, family planning, health education and services, child care, and case management. The eleventh is general operating guidelines, which describe the eligibility criteria and components of the model and discuss the sequence of program activities and the program atmosphere sites should strive to create.

As noted above, the New Chance guidelines are intended not only as an operations manual for site staff but also as a monitoring instrument for MDRC. MDRC field staff frequently refer to the guidelines when reviewing program operations with site staff, and the guidelines were particularly helpful for bringing new staff up to speed.

IV. Training and Technical Assistance

MDRC viewed training and technical assistance as ways to reinforce the messages in the operating guidelines and to standardize the program model. These activities served other purposes as well. For example, off-site technical assistance conferences served as a vehicle for bringing together two or three staff from each of the demonstration sites to share ideas and best practices and to encourage a feeling of common purpose. Trainers modeled the teaching style and techniques they wanted staff to incorporate in the classroom. Also, MDRC staff had an opportunity to assess site staff members' strengths and weaknesses.

In July and October 1989, MDRC offered two "kick-off" conferences – each for approximately half the sites – giving an overview of New Chance. They were followed by two 2 1/2-day training sessions in parenting and Life Skills and Opportunities (one session each for about half the sites), which were attended by site staff who were likely to be teaching those subjects. These training sessions were repeated for the second year of the demonstration for new staff and as a review. MDRC also sponsored the first all-site conference, which included

sessions on case management, job development, family planning, fundraising, and the relationship of New Chance to the JOBS program.

Continual staff turnover, and limited site funds for travel, made it impossible for MDRC to offer off-site sessions to every staff member for whom they were appropriate. Ongoing on-site technical assistance and program monitoring provided by MDRC staff who visited each site every four to six weeks helped fill the gap. Written material in the form of recommended curricula and operations memoranda offering program clarifications and sharing information from other organizations was also provided periodically.

On-site technical assistance provided an opportunity to pull together all the staff at each site and train them to help ensure that a consistent message was delivered and that all staff were "playing the same tune." This method of technical assistance was chosen for recruitment and random assignment, which involve many staff, and for family planning, which not only involves most staff but also is sensitive and requires that staff give a consistent program message.

In general, the staff response to the technical assistance and training was very positive. Questionnaires completed at the end of each conference and surveys completed during field research visits indicated that considerably more than half of the staff who participated in these events felt that they were very helpful. Sites' responses to the guidelines were also very positive. Almost 90 percent of those completing the survey felt that the guidelines were useful or very useful in their New Chance work. Most staff surveyed were familiar with the guidelines for the component that was their responsibility and for the general operating guidelines. Slightly more than half reported being familiar with the guidelines for all areas of New Chance.

Unfortunately, while staff enjoyed the conferences, little of what they learned was transferred to staff who were not a part of the training. Staff who indicated familiarity with all the guidelines more likely than not participated in at least one of the training activities. Those who were trained – whether on-site or off-site – were about twice as likely as those who were not trained to report that they were familiar with all the guidelines. However, significantly more staff participated in on-site training, so the goal of reinforcing the guidelines through training was accomplished more effectively through on-site training. On-site training was also more efficient for those sites making use of loaned staff from other agencies and sites with very limited resources. These sites found it difficult to negotiate the time needed for loaned staff to attend an out-of-town conference and, even though the costs were covered by MDRC, sites with very limited resources had difficulties hiring replacement staff to cover the classes of those who attended. Nonetheless, off-site training was much more time-efficient for training staff when only a couple of staff from each site needed to be trained.

V. The Pre-Demonstration Phase

The continuing dilemma in evaluating programs is that the results can play an important part in guarding program survival, but evaluations of new programs capture them at their most vulnerable state, during early implementation. Staff are still being hired, contracts are being negotiated, and the program is learning what works and what does not. Unfortunately,

policymakers rarely have the time or money to support new programs through a lengthy start-up period and then wait an additional three to five years for the results of a comprehensive evaluation before determining whether a program should be institutionalized. This is particularly true of public programs, but these same considerations govern programs that rely on a mix of public and private funds.

Balancing these concerns, MDRC required a three- to six-month pre-demonstration phase for all sites except the two that participated in the New Chance pilot phase. Participants were enrolled in the New Chance program and received New Chance services, but they were not included in the research sample. Program stability was assessed at every site by MDRC field staff before sites were approved to begin random assignment. In general, MDRC looked for satisfactory implementation of the New Chance components and conformity to the guidelines; development of an outreach and recruitment plan; established linkages with external service providers; a fully covered budget for the first year of operations; staffing adequate to meet planned numbers and functions; and compliance with the New Chance Management Information System and fiscal reporting requirements. The requirement to operate a pre-demonstration phase gave the sites time to stabilize, but it should be noted that changes continued throughout the demonstration period covered in this report.

It was during the pre-demonstration phase that the differences in funding levels among sites became apparent and important. Sites with less secure resources found it necessary to devote considerable effort to fundraising, and many of the staff at these sites had multiple responsibilities. These sites were also more likely to rely on instructional staff borrowed from other agencies, adding the need for site managers to negotiate agreements with outside organizations to an already full schedule. These sites frequently took longer to hire staff because the funding was not in place to pay for it or the salary levels were lower.

It was not uncommon for sites to underestimate the effort it would take to get all the components launched simultaneously. In some instances, components were not put in place until participants were ready to enter the component. Thus, many sites paid little attention to occupational skills training during the pre-demonstration phase. Negotiating agreements with other organizations sometimes meant that sites had to adapt their operating or reporting methods to meet the requirements of the outside organization. For example, education instructors were provided by the local school districts at some sites, and the sites had to adjust the hours of classes to conform to the school's class schedule to meet state education or union requirements. Sometimes negotiated agreements between organizations had to be renegotiated. The San Jose site, for instance, reached agreement with Job Corps management on a streamlined intake process for employment training. However, Job Corps line staff refused to honor the commitment, which was not discovered until participants in the pre-demonstration phase passed the GED test and attempted to matriculate in the Job Corps. The New Chance project coordinators had to begin again, this time with the knowledge that Job Corps staff had issues that had to be considered in the negotiations.

It was during this start-up period that many sites first became aware of the effort it would take to recruit young women into the program. Sites also struggled during this period to set the right program tone: being supportive and caring but also enforcing strict attendance requirements. All of these issues were not resolved during that three- to six-month period, but many were.

The selection process, guidelines, curricula, technical assistance and training, and practice have all played an important role in clarifying the New Chance model and helping sites to implement it more expeditiously. The remaining chapters examine the sites and participants and their experiences in New Chance.

VI. Summary

MDRC's pre- and post-site selection activities were directed by the need to have sites with the capacity to implement and operate New Chance, satisfy research demands, and keep the program running after the operational phase of the demonstration ended. MDRC sought organizations with a track record for serving young mothers, and made state support (political and financial) a requirement for a site's being considered.

Once selected, sites were provided with operating guidelines, training sessions on selected topics, and ongoing monitoring and technical assistance by MDRC staff. Each site was required to operate a pre-demonstration phase – a dress rehearsal during which young women received New Chance services but were not part of the research sample.

These activities helped sites implement New Chance more uniformly than might otherwise have been possible and gave MDRC standards against which to measure sites' performance. Site staff reacted positively to the requirements and the assistance.

CHAPTER 3

PUTTING THE INFRASTRUCTURE IN PLACE

I. Introduction

Although most sites selected for the New Chance Demonstration had some experience providing services to young mothers, as discussed in Chapter 2, none had previously provided all the pieces of the New Chance model, much less integrated them into a single program. Also, some of the sites had not worked exclusively with such a disadvantaged target group, and some had given only limited attention to parent-child relationships and child development. In addition, the employment focus of New Chance required many sites to change the goals (and sometimes the philosophies) of their programs to encompass self-sufficiency.

This chapter begins by briefly reviewing the disparity between sites' preexisting programs and the model's requirements. It then discusses the two ways sites put all the components in place – by hiring staff directly or by developing a linkage with another organization. The chapter also provides data on the demographic characteristics, prior experience, and turnover of New Chance staff, and analyzes staff communication and service integration in relation to the two hiring strategies. As the chapter shows, both strategies offer certain advantages, but extensive linkage agreements increase the difficulty of operating the program in a coordinated and integrated fashion, rather than as a collection of disparate parts. The final section of the chapter discusses staff views of the goals of New Chance, especially its particular focus on self-sufficiency.

II. The Background and Pre-Demonstration Experiences of the Sites

The first requirement of New Chance is that sites serve a particularly disadvantaged group of teen mothers. About one-third of the sites had never before managed a program specifically targeted for young mothers (Table 3.1), and those that did largely served in-school youth – sometimes including pregnant teenagers – and non-AFDC recipients. Serving such a disadvantaged population posed particular recruitment challenges, as discussed in Chapter 4, and increased the demand for support services and counseling. It also had implications for attendance, as discussed in Chapter 7.

Moreover, the existing teen parent programs were smaller in scale than the New Chance research required. For example, Detroit served 50 teen parents annually; Chula Vista, 30; and Philadelphia, 25. Along with heightening the need for effective recruitment strategies, increasing program size complicated staffing, monitoring of participants' activities, and coordination.

Table 3.1 notes which components of New Chance were already offered at the sites and which had to be added or substantially expanded to meet the New Chance requirements. For example, Jacksonville had considerable expertise in providing health education, on-site and in

TABLE 3.1

PRE-DEMONSTRATION CHARACTERISTICS OF NEW CHANCE SITES

Site	Primary Focus of Agency	Did Agency Run Teen Parent Program?	Services Provided by Agency[a]							
			Education	Parenting	Health[b]	Family Planning[c]	Employ-ability[d]	Work Internships	Skills Training	Child Care
Allentown	Education, life skills, personal development	Yes	Offered	Offered	Offered	Not offered	Offered, had to expand	Offered, had to expand	Offered	On-site center
Bronx	Adult education, English as a second language, occupational skills training	No	Offered	Offered, had to expand	Offered, had to expand	Not offered	Offered, had to expand	Not offered	Offered, had to expand	On-site center
Chicago Heights	Counseling, education, employment preparation, health services	Yes	Offered	Offered, had to expand	Offered, had to expand	Offered, had to expand	Offered, had to expand	Offered, had to expand	Not offered	On-site center[e]
Chula Vista	Adult education	Yes	Offered	Offered, had to expand	Offered, had to expand	Offered, had to expand	Offered, had to expand	Not offered	Offered	On-site center
Denver	Adult education, occupational skills training	No	Offered	Not offered	Not offered	Not offered	Offered, had to expand	Not offered	Offered	No on-site center[f]
Detroit	Mental health services	Yes	Offered, had to expand	Offered, had to expand	Offered, had to expand	Offered, had to expand	Offered, had to expand	Not offered	Not offered	On-site center
Harlem	Adult basic education, GED preparation, occupational skills training[g]	No	Offered	Offered, had to expand	Offered, had to expand	Not offered	Offered, had to expand	Not offered	Offered	On-site center
Inglewood	Counseling, health services	Yes	Not offered	Offered, had to expand	Offered, had to expand	Offered, had to expand	Offered, had to expand	Offered, had to expand	Not offered	No on-site center

(continued)

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TABLE 3.1 (continued)

Site	Primary Focus of Agency	Did Agency Run Teen Parent Program?	Services Provided by Agency[a]							
			Education	Parenting	Health[b]	Family Planning[c]	Employ-ability[d]	Work Internships	Skills Training	Child Care
Jacksonville	Family planning, health services, tutoring	No[h]	Not offered	Offered, had to expand	Offered, had to expand	Offered	Not offered	Not offered	Not offered	No on-site center
Lexington	Prevention and treatment of child abuse and neglect	No	Offered, had to expand	Offered, had to expand	Offered, had to expand	Offered, had to expand	Offered, had to expand	Not offered	Offered, had to expand	On-site center
Minneapolis	Occupational skills training, employment preparation	No	Offered	Offered, had to expand	Not offered	Not offered	Offered, had to expand	Not offered	Offered, had to expand	No on-site center[i]
Philadelphia	Adult education, life skills	Yes	Offered	Offered, had to expand	Offered, had to expand	Offered, had to expand	Offered, had to expand	Offered, had to expand	Offered	On-site center
Pittsburgh	Comprehensive services for teen parents	Yes	Offered	Offered	Offered	Offered	Offered, had to expand	Offered, had to expand	Offered	On-site center
Portland	Education	Yes	Offered	Offered	Offered, had to expand	Not offered	Offered, had to expand	Offered, had to expand	Not offered	On-site center
Salem	Recreation, education	Yes	Offered	Offered	Offered	Offered, had to expand	Offered, had to expand	Offered, had to expand	Offered, had to expand	On-site center
San Jose	Education	Yes	Offered	Offered, had to expand	Offered, had to expand	Offered, had to expand	Offered, had to expand	Not offered	Offered, had to expand	On-site center

(continued)

TABLE 3.1 (continued)

SOURCES: New Chance program records and staff interviews.

NOTES: [a]"Offered" means that the agency provided the service to at least some of its clientele – but not necessarily to teen parents – prior to the New Chance Demonstration. "Had to expand" means that the agency's pre-demonstration service had to be adapted in order to conform to the requirements of the New Chance model.

[b]Includes health education and/or health services.

[c]Includes family planning education, counseling, and/or linkages with other family planning providers.

[d]Includes career exploration and/or pre-employment skills training.

[e]Shortly before the start of New Chance program operations in August 1990, the agency moved to a new location without on-site child care facilities. Thus, on-site child care was not provided during the period covered in this report.

[f]An on-site child care center serving New Chance participants was opened in January 1990, after enrollment had begun.

[g]In addition to these primary services, the agency offered pre-enrollment assessment and pre-employment counseling, life management skills training, English as a second language, and preschool child care.

[h]Although there was no comprehensive teen parent program, teen mothers were served through parenting workshops, a health clinic, and individual tutoring.

[i]A child care center operated by another agency was located on the same premises as the New Chance program. Its services could be used by New Chance participants if space was available.

schools, but had typically focused on sexuality, with minimal attention to other topics such as nutrition and drug abuse. In Portland, health instruction focused on the needs of pregnant teens (primarily prenatal and postpartum care) and thus required a shift in focus to serve young women with children. Chicago Heights offered health and family planning services, but not formal education classes on these topics. Services at some sites, such as parenting instruction in Jacksonville, which was offered to teen mothers once a week for six weeks, and employability development in Chicago Heights, which was a one-week class, needed to be expanded over the course of enrollees' participation in the first phase of the program. Sites with work internship programs commonly relied on the Summer Youth Employment Program (SYEP), a JTPA-funded program that subsidizes wages during summer months for work in public agencies, and needed to arrange for year-round alternatives. It should be noted that one site, Pittsburgh, participated in the New Chance pilot phase and was therefore able to implement most components prior to the start of the demonstration in a manner consistent with the New Chance model.[1]

As Table 3.1 shows, the full education component was already available at three-fourths of the sites when the demonstration started. In contrast, programs at more than half of the sites did not offer work internships at all. Although all but one site had some experience in teaching pre-employment skills – such as resume writing, completing job applications, and interviewing – many programs did not include career exploration services (in which participants learn about different career possibilities). Thus, employability development, which includes both career exploration and pre-employment skills training, commonly needed to be strengthened. In addition, 12 sites provided on-site child care, although a few of these centers served only children who were at least 2 1/2 or 3 years old. Community-based organizations (CBOs) tended to be slightly stronger in health and personal development services than were the school-based sites; schools were more likely to provide skills training.

Another dimension of the New Chance model – program intensity and duration – required sites to develop full-time, structured programs. Existing programs at most sites involved fewer hours per week and were of shorter duration than New Chance. Sites such as Jacksonville offered a variety of services that participants could choose from on a part-time or drop-in basis.

Most sites were also inexperienced in moving participants through different phases of a program, especially one that had economic self-sufficiency as the final goal. This was evidenced in part by sites' lack of case management services to facilitate tracking students' progress and moving participants to the next phase. Moreover, sites had primarily focused on a single outcome or shorter-term goals. For example, the Portland program sought to prevent teen mothers from dropping out of school; the Harlem program prepared welfare recipients for vocational skills training; and Minneapolis emphasized employability development and job placement for an older group of welfare recipients.

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[1]Although the Chicago Heights site also participated in the New Chance pilot phase, there was complete staff turnover between the pilot period and the demonstration. The demonstration-period staff put the components in place as if New Chance were a completely new program at that site.

The task of implementing and coordinating New Chance fell mostly to the program coordinator (also known, depending on the site, as the program manager or director). Although most had managerial experience, few had run a program this large and complex. The coordinators had to oversee the implementation not only of the specific components, but also of general procedures and rules; to be intimately acquainted with the details of daily program operations; to represent the program to the community at large; to cope with crises; and to engage in long-term planning. One function of MDRC staff, in the course of technical assistance visits, was to encourage New Chance staff to take a longer view and to adjust their previous management styles to fit a comprehensive and integrated model. The following sections trace sites' development in three areas important to making the transition to New Chance: implementation of the components through staff hiring decisions, program coordination and integration, and emphasis on the self-sufficiency objective.

III. Staffing for New Chance

A. Hiring Staff and Linking Up with Other Organizations

Hiring decisions are critical to successful implementation of New Chance. Individual staff members play a tremendously important role in determining the strength of components and in engaging participants in activities (as will be discussed in later chapters). In addition, the organizational structure that results from hiring decisions influences the overall management and coordination of the program.

Sites had to ensure that the following program functions were implemented (individuals could fill more than one role, and a position could be shared by several staff members):

- Program coordinator/manager/director
- Case manager
- Education instructor
- Family planning instructor
- Life Skills and Opportunities (LSO) group leader
- Health education instructor
- Parenting instructor
- Employability development instructor
- Work internship coordinator
- Skills training coordinator
- Job developer
- Recruiter
- Data collection coordinator

In all cases, a core New Chance staff was hired, consisting, at a minimum, of the program coordinator and a case manager. Sites could fill the remaining positions either by hiring staff directly or by developing a linkage with another organization. For example, a New Chance agency could develop a linkage with a community family planning clinic according to which the New Chance site would refer its participants to the clinic for family planning services; the clinic would provide a staff member to teach the family planning education classes at the

New Chance site; and, because clinics are likely to serve young mothers, the clinic would refer clients deemed eligible for New Chance to the site to receive the full array of New Chance services.

Some linkage agreements required the New Chance site to pay for use of the "borrowed" staff; in other cases, the outside organization provided the services on an in-kind basis – i.e., they did not charge the site for their services but instead had other funding sources that enabled them to serve New Chance participants as part of their community outreach efforts. An organizational structure that relied on linkage arrangements offered expertise, financial benefits (especially for in-kind linkage arrangements), and, possibly, increased awareness of New Chance among organizations and individuals in the community. However, hiring staff directly offered program coordinators more control over who was hired and over the content and message of what was taught. Program coordinators weighed several factors when deciding whether to hire staff or to negotiate linkage agreements, including the financial position, expertise, and prior experience of the sponsor agency; the existence of specialized agencies in the community; and the agency's goals and regulations.

The financial position of the New Chance sponsor agency limited available options in all areas. As discussed in Chapter 2, all the sites chosen for the demonstration had the financial capacity to implement New Chance. Nevertheless, some sites had more flexibility than others in the number of people they could hire and the salaries they could offer. School sites generally paid higher salaries and had more stable funding bases than did community-based organizations. The financial difficulties faced by the Philadelphia site, for example, have caused fundraising to be an ongoing task, and each staff member to be heavily burdened with responsibilities. For this and other sites with significant funding constraints, in-kind linkages have been the only way to offer certain services.

Agencies with experience and expertise in providing specific services often continued to offer them in New Chance, with few modifications. This often involved redeploying staff from another part of the agency to work on New Chance. For example, several staff members at the Bronx site – including case managers, an education instructor, and an employability specialist – transferred to New Chance from another program at the site that offered similar services to a slightly older clientele. Similarly, at Chicago Heights, staff from the sponsor agency's employability, health, and child care units taught New Chance classes.

Also, the existence in the community of outside agencies that could provide the desired services was an important determinant of staffing decisions. It should be noted that the community resources available to provide a good linkage staff varied substantially across the sites. For instance, in Salem there were few available organizations, whereas it was relatively easy for Minneapolis to link up with organizations for parenting and family planning services.

School districts and community colleges have provided services to the New Chance sites. Five of the sites are themselves school-based, with the schools directly serving New Chance participants. In addition, school districts paid all or part of the salaries of the education instructors at seven other sites.

Similarly, community agencies that provide health and family planning services offer an attractive alternative to directly employing instructors, since their staff are likely to have particular subject matter expertise. Moreover, hiring staff qualified for these more "technical" and specialized areas can be costly. Staff at the Philadelphia site, for example, chose to hire an employability specialist rather than a health/family planning instructor, reasoning that they could link up with outside organizations for family planning and health education more easily than for employability development.

However, there is a drawback to using outside agencies: Some staff from these agencies had difficulty adjusting to the New Chance requirements. For example, some of the education instructors were resistant to adopting the teaching strategies, such as hands-on learning experiences and group work, that were required by the guidelines.

Developing linkages was facilitated by previously established relationships with other organizations and by personal contacts. For example, Pittsburgh is operated by a consortium of funders and collaborating agencies, with which it was relatively easy to arrange linkages for provision of many services. In Portland, the Job Corps had made initial contact with the Portland Public Schools about the possibility of working together even before the New Chance Demonstration started. New Chance provided the impetus for this partnership to take shape. The resulting program is PIVOT-New Chance.[2]

Detroit, another site successful at negotiating linkages, profited from the efforts of the program coordinator, who drew on her connections with various individuals and organizations in the community to generate support for New Chance. She established a local New Chance advisory group, which secured financial and other resources from public and private sources and provided leads for training and work internships. The coordinator also instituted a mentoring component whereby professional women were paired with New Chance participants whom they served as tutors, advisers, and employment counselors.

Overall agency goals and regulations, including the importance placed on specific components, affected hiring decisions as well. For example, the funding Minneapolis received from the school district for education paid for the hours an instructor spent teaching, but not for staff meetings or preparation time. Minneapolis staff believed that integrating education with other components was important enough to merit their raising extra money to support the instructor full-time. Another example is the Harlem site, where employees are required to be certified by the New York City Board of Education. Consequently, the New Chance education instructor and case managers were selected from the existing site staff, who were already certified to work for the school district. New Chance functions that existing staff did not have experience teaching – such as parenting, family planning, and health education – necessitated linkages with outside organizations.

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[2]The school district had overall responsibility for implementing and managing the New Chance program in Portland. Because the site was partly funded as a special nonresidential Job Corps program, the New Chance guidelines were merged with Job Corps requirements so that both sets of standards could be met. To enroll in New Chance, a young woman also had to be admitted into the Job Corps.

B. Staff Background and Demographic Characteristics

In order to gather data on the demographic characteristics of New Chance staff, their prior experience, and their feelings about the program, a survey was administered to both agency and linkage staff at each site during the course of the research visit to that site. The survey was completed by approximately 85 percent of the then-current staff, and the results offer a profile of staff characteristics (Table 3.2).

The profile reveals that New Chance has been staffed overwhelmingly by women – two-thirds of the sites had all-female staff. Three-quarters of the staff were in their thirties and forties. Three-quarters had children, and 62 percent of those with children had children in their teens or older.

Almost half of the staff had received a bachelor's degree, and an additional 30 percent had received a master's degree. Almost 90 percent reported having previously worked with teens or young adults, in many cases extensively: 32 percent for ten or more years, and 45 percent for three to nine years. A considerable majority of the staff who had worked with teens had worked with pregnant or parenting teens before New Chance (70 percent of all staff).

Asked to rate, on a scale of 1 to 5, how confident they felt of their ability to perform their New Chance responsibilities, 59 percent reported themselves to be "very confident" (rating of 5) and 32 percent to be "confident" (rating of 4). These ratings (not shown on the table) reflect an increase in confidence from the time staff began working on New Chance, based on their recollections at the time the staff survey was conducted. At the start, only 33 percent felt "very confident" (rating of 5), 30 percent felt "confident" (rating of 4), and 37 percent rated themselves a 3 or less. It is likely that staff members developed more confidence over time as they grew more comfortable with the program model and the participants. The staff training and ongoing technical assistance by MDRC staff may also have contributed to this.

On a scale of 1 (poor) to 5 (excellent), staff answered the question, "Overall how would you rate your relationship with most participants?" (not shown on the table). Across all sites, 91 percent rated their relationship 4 or 5. The remaining 9 percent gave their relationship a rating of 3. Similarly, 65 percent of the staff felt that only rarely or occasionally were participants not candid with them.

Overall, Hispanic and black staff were underrepresented relative to the percentage of Hispanic and black enrollees in New Chance. Fifty-one percent of the staff were white, 38 percent were black, and 9 percent were Hispanic; in comparison, as shown in Table 5.1, 55 percent of the enrollees were black, 24 percent were white, and 19 percent were Hispanic. While the racial and ethnic make-up of the staff might be thought to be an important factor influencing the ability of participants to bond with staff and the ability of staff to serve as role models for the young women, there was no significant difference in staff perceptions of their rapport with participants based on race or ethnicity.[3]

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[3]Unfortunately, corresponding data on participants' ratings of their relationship with staff members are not available.

TABLE 3.2

SELECTED CHARACTERISTICS OF NEW CHANCE STAFF

Characteristic	New Chance Staff
Sex	
Female	91.1%
Male	8.9
Age	
25-29	10.6
30-39	40.7
40-49	36.6
50-59	11.4
60 or older	0.8
Ethnicity	
White, non-Hispanic	50.8
Black, non-Hispanic	37.7
Hispanic	9.0
Other	2.5
Have child(ren)	76.2
Have teenage or adult child(ren)[a]	61.5
Highest level of education completed	
High school/GED	1.6
Some college	4.9
Associate's degree	8.2
Bachelor's degree	48.4
Master's degree	30.3
Other	6.6
Worked with teens or young adults before New Chance	89.3
Length of time[b]	
Less than 1 year	4.6
1-2 years	18.3
3-5 years	24.8
6-9 years	20.2
10 years or longer	32.1
Worked with pregnant or parenting teens before New Chance	69.7
Length of time[c]	
Less than 1 year	7.1
1-2 years	21.4
3-5 years	42.9
6-9 years	8.3
10 years or longer	20.2
Number of staff surveyed	123

SOURCE: MDRC's New Chance staff survey.

NOTES: Distributions may not total 100.0 percent because of rounding.

[a]This sample includes only those staff who had children.

[b]The sample for this distribution includes only those staff who had worked with teens or young adults before New Chance.

[c]The sample for this distribution includes only those staff who had worked with pregnant or parenting teens before New Chance.

A comparison of staff at school-based sites with those at community-based organizations (not shown on the table) reveals that the former were older: 59 percent of school staff were 40 to 59 years old, while 42 percent of CBO staff were in this group. School staff were more likely to have a master's degree (38 percent versus 26 percent). [4,5]

C. Staff Turnover

Hiring staff has, to varying degrees, been an ongoing process at the New Chance sites. Staff members may decide to leave because they are dissatisfied with their positions or because more attractive opportunities present themselves; alternatively, program managers may decide to replace unsuitable staff. Including both staff hired directly and linkage staff, annual turnover rates[6] ranged from no turnover at Lexington and Chicago Heights to 45 percent at Salem. Allentown also had a relatively low turnover rate (8 percent). Overall, there was not much difference in turnover rates between school-based sites and community-based organizations (19 percent and 21 percent, respectively).[7] For some sites, such as Harlem, turnover was confined to changes among linkage staff, while the core New Chance staff have remained constant.

Responses to the survey reveal that generally staff have been satisfied with their job. Asked to rate, from 1 (very dissatisfied) to 5 (very satisfied), "how satisfied are you with your New Chance job?" 48 percent of the staff replied with a 5 rating, 32 percent with a 4, and 20 percent with a 3 or less. The data do not reveal differences between school-based staff and those at community-based sites.

Variation in turnover rates across the sites results from several interrelated factors, starting with salary and fringe-benefit levels. Schools offer higher salaries and benefits than do most community-based organizations, which may induce staff at the school sites to stay. Giving staff more of a role in decision-making and providing opportunities for them to develop professionally can improve the work environment even when salary and benefit levels cannot be raised.

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[4]Only two sites – Allentown and Lexington – are government agencies. Thus, there are too few staff at this type of site to permit comparisons with the other types.

[5]Because the survey response rate was much lower for linkage staff (approximately 47 percent) than for other staff (approximately 92 percent), there are too few of the former to permit comparisons between the two groups.

[6]Turnover rates were calculated by figuring the percentage of all staff (including linkage staff) who left New Chance from the start of random assignment through April 30, 1991, a period ranging from 9 to 21 months, depending on the site. The percentages were then converted to annual rates.

[7]Despite roughly equal turnover among New Chance staff, it appears that staff at school-based sites stay longer with the sponsor agency than those at community-based organizations: Of those who completed a survey, all of the Harlem and Chula Vista staff and 83 percent of the Denver staff had worked for the sponsor agency for three or more years, whereas 67 percent of the Inglewood staff and 71 percent of the Salem staff had been with their present agency for less than a year. Overall, 45 percent of those who completed the survey had worked for their current agency for one year or less, while 41 percent had done so for three or more years.

Linkage staff showed a somewhat higher turnover rate, in part because coordinators have limited control over their quality and commitment or over the way linkage agencies choose to deploy their personnel. Moreover, linkage staff may lack the skills and qualifications for working with the New Chance population, prompting the coordinators to request new staff from the linkage agency or to negotiate a linkage agreement with a different agency.

Replacing inadequate staff can improve the quality of instruction and raise morale among staff and participants. One site coordinator stated that she "demands 100 percent from each staff member and will not hesitate to replace people" with whom she is dissatisfied. While this has led to substantial turnover, the coordinator is "much closer to having a fully committed staff than at the beginning."

However, bureaucratic regulations at some school sites restrict coordinators' control. The tenure granted to teachers usually protects them from being fired. Board of education regulations also make hiring staff burdensome by limiting positions to individuals certified or licensed by the school district. The Chula Vista coordinator, for instance, had no say in selecting the education instructors and could not replace them.

Turnover varies by position: There has been less turnover among program coordinators and LSO instructors (5 each) than among family planning and employability development instructors (11 each) and case managers and health instructors (10 each). A coordinator's departure affects staff morale and overall management and program planning, whereas the departure of a case manager or other staff with whom participants have developed a close bond more directly affects the young women themselves.

In general, at least in the short term, turnover disrupts scheduling and style of instruction, communication, integration, and the benefits of a group approach to solving recurrent problems. It can also upset participants who, according to many staff, require routine and stability.

IV. Managing and Coordinating New Chance

Acquiring sufficient staff to put all the components in place is the first step toward implementing New Chance, but coordinating and integrating the program's themes, messages, and content across components demands excellent communication among staff members. It is fundamental to any good program that there be reliable, frequent communication about program policies and plans, participants, and staff responsibilities.

This discussion focuses on the implications of sites' organizational structures – shaped by hiring decisions – on staff communication and integration. At one end of the spectrum is Pittsburgh, a site that relies on linkages for many of its components and has a large, fairly specialized staff. At the other end is Denver, operated by a small group of core staff, where each staff member performs multiple functions. The organizational structure of these two sites is depicted in Table 3.3. Most sites fall somewhere in between.

TABLE 3.3

STAFF STRUCTURE AND FUNCTIONS AT TWO NEW CHANCE SITES

Denver	Pittsburgh
Program Coordinator • Coordination/Management • Orientation • Case Management • Recruitment • Intake/Enrollment	Program Coordinator • Coordination/Management • Orientation
	Recruiter
Case Manager • Case Management • Intake/Enrollment • Orientation	3 Case Managers • Case Management • Intake/Enrollment • Orientation
2 Education Instructors	4 Education Instructors[a]
Instructor • Family Planning • LSO • Health Education	Instructor (linkage) • Family Planning • Health Education
	LSO Instructor (linkage)
Instructor • Parenting • Employability Development	Parenting Instructor (linkage)
	3 Employability Development Instructors
	3 Adult Survival Skills Instructors (linkage)

NOTES: Information refers to staff structure as of April 1, 1991.

"Linkage" staff are those whose services are provided to New Chance through a formal contract or informal agreement with an agency other than the New Chance sponsor.

[a]Instructors have been funded by both the site and the Community College of Allegheny County.

A. Ensuring Staff Communication

Communication among staff members increases their awareness of the program as a whole, allows them to consider strategies for promoting participants' progress, and generates discussions about program improvements. In addition, some staff believe that their input into decisions and policy formation strengthens their support for the program and its objectives.

All sites held formal meetings, the frequency of which ranged from twice a week to once a month. At a few sites, discussing participants' educational progress, career choices, and problems was a regular item on a broader agenda; at others, separate meetings were scheduled for this purpose; and at still others, staff held group discussions about participants much less often, sometimes only in near-crisis situations. Most instructors found formal and informal discussions helpful for gaining a fuller understanding of participants' lives.

Sites that relied on linkages to provide services did not necessarily hold fewer staff meetings, but the linkage staff were often paid only for their classroom time, or were not available for additional time, and seldom attended these meetings. Typically, linkage staff had to rely on sporadic one-on-one discussions with case managers or other staff to offer their input on program operations and to be briefed on the outcome of meetings. Often feeling only marginally connected to the program, many linkage and part-time staff regretted their limited opportunities for contact with other personnel.

The program coordinator is primarily responsible for ensuring that staff are knowledgeable about overall program objectives and the roles and responsibilities of each staff member. Nevertheless, several program coordinators acknowledged that many of their staff lacked awareness of what was taught in other components and did not have a coherent view of the program. At Pittsburgh, the coordinator strove to mitigate the effects of having a large staff with many linkages by scheduling staff retreats that included linkage staff to increase awareness of the program as a whole, discuss general issues, and incorporate new staff. The Detroit coordinator also scheduled a retreat with the goal of "drawing each individual instructor into line with the whole." The Jacksonville coordinator has used Friday afternoons, a time when no classes are scheduled, to convene staff meetings on these types of issues.

B. Integrating Services

Integration of services, as specified in the guidelines, operates on two levels. The first involves integration of messages and themes across all components. For example, messages encouraging participants to postpone childbearing or to take control of their lives were incorporated into discussions and activities in various classes. This type of integration was facilitated at sites where staff shared a strong belief in these objectives. Consistency of perspectives was achieved partly through hiring decisions, where new staff were screened for their views (e.g., at Philadelphia, staff were screened for their sensitivity to the issues confronting low-income women), or through staff training (e.g., all Chicago Heights staff were trained in a "reality therapy" approach to working with participants).

The second type of integration concerns the actual subject matter being taught (e.g., reading materials used in education classes can incorporate career exploration topics). The aim

is to reinforce what is learned, strengthen the coherence of the curriculum, and bring the material alive by having the same topics covered across components. To integrate topics, staff have to keep each other informed about what they are teaching, and in what order. In general, integration is most readily accomplished when: a single staff member teachers a number of components (as is often the case in the personal development components); core rather than linkage staff are used (largely because linkage staff are normally loaned just for actual time in class, not for meetings); staff work in close physical proximity; classes are exclusively for New Chance participants (rather than being a mix of New Chance and other agency clients); and management and staff make integration a priority.

Thus, at the Minnesota site, all classes were held in the same room, and a single staff member taught health education, family planning, LSO, parenting, career exploration, and pre-employment skills training. That instructor worked closely with the one GED instructor so that, for example, the GED instructor taught spelling using child development terminology introduced in the parenting class, and the adult survival skills class applied newly learned basic math to the participants' budgeting problems.

At Denver, too, a single instructor (later joined by a second person) was responsible for teaching the array of classes listed above and integrated those topics tightly. For example, she might conduct a class on a period of early childhood, such as year two, that incorporated parenting, child development, and health care. However, New Chance students attended GED classes along with other agency clients, which made integration of topics from other New Chance components impossible, in the view of the GED staff. Furthermore, the site's GED instructors had little detailed knowledge about the other activities in which New Chance enrollees participated.

To take one final example: As noted earlier in this chapter, the Pittsburgh site had a great many linkages. Staff generally performed a single function (see Table 3.3). Case managers did not have teaching responsibilities; education subjects were divided among three teachers; and the health and personal development instructors generally taught only one class. Pittsburgh hired an instructional coordinator to foster integration in the work of the education teachers. However, it remained difficult to integrate the other components, which were taught by linkage staff.

As the above discussion suggests, for integration to succeed, linkage agreements must arrange for the linkage staff to participate in staff meetings and allow time for additional contact with staff and participants.

Program coordinators and instructors placed varying emphasis on integration. Many sites had to grapple first with putting the components in place and improving attendance. Also, some coordinators valued integration more highly than others. At one site, it was left to the instructors to seek out collaboration with other staff. In this case, the health and parenting instructors worked closely on the choice of topics and presentation of materials, occasionally teaching classes together. At Lexington, the education staff took the lead to ensure that education was infused throughout all New Chance components, and vice versa. Consequently, each subject area featured writing assignments to enhance participants' writing skills. Staff at another site, however, felt that "each person is responsible for her own area of expertise and

other staff do not interfere." At some sites, integration was considered a relatively low priority, given other pressing concerns such as poor attendance and retention.

V. Staff Views of the Self-Sufficiency Goal

In addition to adding components and ensuring integration, implementing the New Chance model required staff to incorporate self-sufficiency as a program goal. Although central to New Chance, this had not been the explicit mission of most sites, which had tended to focus on GED attainment, improvement of parenting skills, or other goals that did not extend to actual employment. Furthermore, staff members working on New Chance came from different backgrounds and organizations, with their own feelings about appropriate objectives. The staff survey provides information on the extent to which staff members adopted self-sufficiency as a goal within the first year of program operation.

Although only a few sites focused on employment prior to New Chance, results from the staff survey show that employment has weighed heavily in staff perceptions of the primary goals of New Chance. In response to an open-ended question on what they saw as the primary goals of New Chance, 80 percent of the staff cited economic or work-related goals. Within this broad category, the most common responses included "leave welfare," and "become self-sufficient and independent."

Forty-four percent of the staff felt that education or obtaining a GED was among the primary goals of New Chance, and 25 percent cited overall personal growth (including such responses as "improve self-esteem," "inspire with hope/give fresh start," or "learn to achieve goals"). Other goals staff cited include: "learn parenting skills" (23 percent), "learn life skills" (15 percent), "delay (unplanned or unwanted) pregnancies" (9 percent), and "improve the lives of children" (9 percent).[8]

While the above data show that most staff members did regard self-sufficiency as a main goal of New Chance, staff views varied across sites. For instance, the percentage of staff members citing work-related/self-sufficiency goals ranged from 100 percent at several sites (Bronx, Inglewood, Lexington, Minneapolis, Salem, and San Jose) to 23 percent of the staff at Pittsburgh. Only one of the ten Allentown staff included education-related objectives among the primary goals, while six of the seven staff at Minneapolis did so.

The data do not support the hypothesis that staff views on the goals of New Chance varied according to the agency's primary focus before New Chance. Staff at school sites were only slightly more likely to include education-related goals than were staff at the other sites. A higher percentage of staff at Harlem and Denver (75 and 50 percent, respectively) – two sites that did not provide family planning services before New Chance – included delayed pregnancies as a program goal than did staff at Jacksonville (17 percent), where this had been

[8]In responding to this open-ended question, many staff subsumed specific goals under more general ones (such as "become self-sufficient"). If staff had been asked directly whether each individual goal (e.g., "learn parenting skills") was an important part of New Chance, the percentages responding "yes" would probably have been considerably higher than the numbers given here.

a key focus. Nevertheless, previous experiences did affect staff views in some cases: Staff at Lexington (which previously provided child care services to abused children) were more likely than staff members at other sites to include improving the lives of participants' children among the primary goals of New Chance (42 percent versus 9 percent across all sites).

Economic self-sufficiency is a challenging task, given the particularly disadvantaged group served by the New Chance sites. Staff rated the likelihood that New Chance will improve participants' lives in various areas on a scale of 1 (not at all likely) to 5 (very likely). The average rating in each area across all staff is depicted in Figure 3.1. Although 67 percent of staff thought it likely or very likely (rating of 4 or 5) that New Chance would enable participants to get a job, only 47 percent thought it likely or very likely that New Chance would affect participants' ability to leave welfare, and 40 percent thought it likely or very likely that New Chance would affect participants' ability to get out of poverty. Nevertheless, staff also felt that New Chance provides participants with two of the tools necessary to successfully leave welfare and become self-sufficient: education and self-esteem. Eighty-six percent of staff rated it likely or very likely that New Chance would affect participants' educational attainment. Seventy-six percent thought it likely or very likely that New Chance would raise participants' self-esteem. Overall, staff felt that New Chance would improve participants' lives in significant ways.

VI. Summary

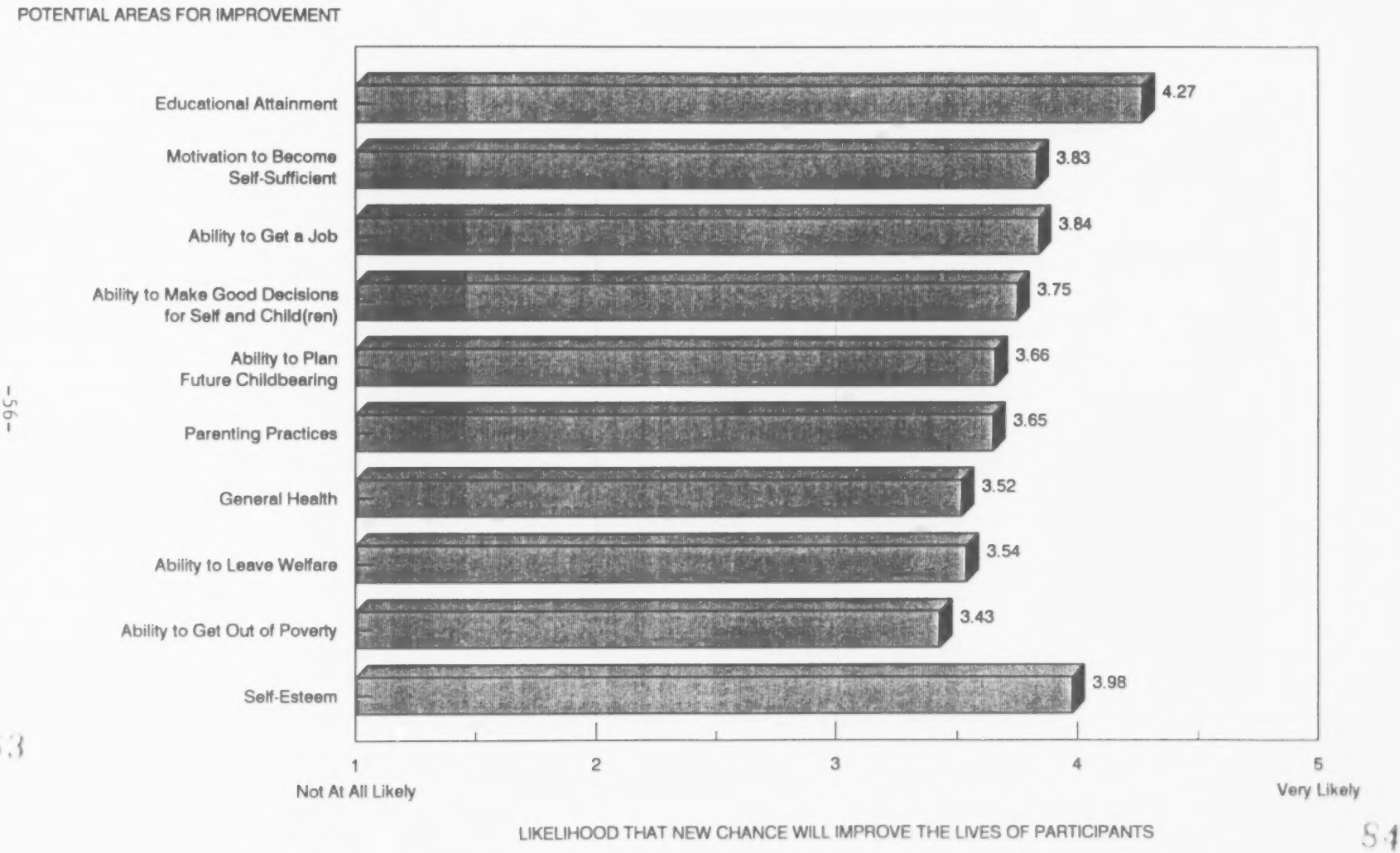
The process that a site selects for implementing the components – either hiring staff directly or arranging for linkage staff from another organization – affects the ease with which it can achieve a coordinated and integrated program. Although linkage staff bring benefits (expertise, financial relief, and community support), the drawbacks of organizational structures that rely on linkage staff include restricted communication among staff, less understanding by individual staff members about the program as a whole, and difficulty in integrating themes, messages, and content across all components. Experience suggests, however, that sites can make up for these shortcomings by arranging for linkage staff to participate in staff meetings and allowing them time for informal contact with other staff and participants, and making them feel they have a role in helping to solve participants' problems.

Minimizing unintended staff turnover is another means of increasing integration and coordination of the program. Staff turnover inhibits the development of a shared vision of the program's goals and strategies. Staff members who work as a team acquire expertise that comes from confronting similar problems over time. Sites grappled with different issues as implementation of the program progressed; first they worked to master each component's requirements and then they undertook the issue of integration across components. Sites with high staff turnover were less able to concentrate on coordination and integration issues.

Sites were also challenged to modify program goals to encompass self-sufficiency. Information from the staff survey suggests that to a large extent sites met this challenge; staff believe that economic, work-related goals are among the primary goals of New Chance.

FIGURE 3.1

AVERAGE STAFF RATINGS OF NEW CHANCE'S POTENTIAL
FOR IMPROVING PARTICIPANTS' LIVES



SOURCE: Calculations from MDRC's New Chance staff survey.

CHAPTER 4

RECRUITING AND ENROLLING PROGRAM ELIGIBLES

I. Introduction

Once some staff members were hired, the New Chance sites turned to the task of recruitment. Each demonstration site was required to recruit at least 150 young women – approximately 100 as program participants and 50 as members of the control group – between the start of random assignment at that site and June 30, 1991.[1] What sites did, how they fared, and what they learned in bringing young women into the program are the subjects of this chapter.

The next section recapitulates the eligibility requirements of the demonstration as a whole and examines additional requirements imposed by some sites. This is followed by an overview of the recruitment challenges sites faced and how they addressed these challenges. Then the factors that drew participants to the program or impeded recruitment efforts are considered. The chapter concludes by presenting some operational lessons suggested by the preceding discussion.

Overall, the key lesson that emerges is that recruitment is a program function that requires the same attention, planning, and persistence as any other activity.[2]

II. Eligibility Requirements

As noted in Chapter 1, New Chance was designed to serve an especially needy group of young mothers, and the eligibility criteria specified in the program model have this end in view. Applicants must be:

- 16 to 22 years old,[3]

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[1]The start of random assignment ranged between August 1989 at Pittsburgh, the earliest-starting site, and August 1990 at Chicago Heights, the last to begin. Because of its late start, and because of the limited number of eligible young women in the target area, an exception was made for the Chicago Heights site, which was given a quota of 100 young women to be randomly assigned.

[2]This lesson was delivered in the recruitment training provided by Cygnet Associates both at multi-site conferences and at the individual sites. While staff responded enthusiastically to the training, the planning message tended to fade with time. Moreover, the training devoted considerable attention to marketing techniques with special appeal to young mothers (e.g., flyers with attractive photographs of a mother and her child and an emphasis on the end result rather than the process of achieving it), and it may be that sites tended to focus on refining particular techniques rather than on putting into practice a fully developed recruitment strategy.

[3]Eligibility was initially restricted to young mothers between the ages of 17 and 21. In October 1990, MDRC broadened these criteria so that sites could, if they chose, enroll 16- and 22-year-olds in the

(continued...)

- mothers who first gave birth at age 19 or younger, and

- not pregnant at the time of enrollment, so that they can take full advantage of program services and make the transition into employment.[4]

To ensure that the program targets those individuals whose families can be anticipated to incur high long-term costs to the public, the eligibility requirements further state that a minimum of 75 percent of all applicants must also be:

- high school dropouts, and

- receiving AFDC, as either the head of a household or a member of a household in which someone else is the principal recipient.

However, MDRC also recognized that some very needy young women who would be well served by the program might not meet one or both of these last eligibility criteria. Accordingly, the program rules specified that sites could make exceptions for up to 25 percent of the applicants at a given site under an eligibility "window." These applicants could be:

- high school graduates with reading scores below the ninth-grade level, as measured on the Test of Adult Basic Education (TABE), a widely used measure of adult academic achievement, and/or

- not receiving AFDC, but economically disadvantaged according to the definition used by the Job Training Partnership Act (JTPA), or to another accepted standard.

To verify that they met these eligibility criteria, applicants had to bring proof of age and documentation that they were receiving AFDC or met another standard of economic disadvantage. They were also required to take the TABE before they could be selected for the program.[5]

A final, unwritten eligibility condition applied to all the sites: Young women had to be able to understand, speak, and read English. Otherwise, it was reasoned, they would not be able to participate fully in program activities. Moreover, the research effort would become

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[3](...continued)
program. This was done both to facilitate recruitment efforts and to respond to the requests of some sites to serve slightly older or younger enrollees. Not all sites have elected to modify their eligibility standards in this way.

[4]Young women were not required to provide proof that they were not pregnant, and a few enrollees who were (some of whom may not have known it yet) were admitted into the sample.

[5]High school graduates had to take this test in order to determine whether they were eligible for the program under the 25 percent window. Other applicants were required to take the TABE to provide the research study with an initial measure of their academic achievement. A short form of the TABE, called the TABE Survey, was the main instrument used for the research, although a few sites chose to administer the full TABE battery.

unduly complicated and costly, if, for instance, the follow-up questionnaires had to be translated into such languages as Khmer or Vietnamese, and if interviewers fluent in these languages had to be found.[6]

In addition to these demonstration-wide criteria, sites sometimes imposed further eligibility criteria of their own, as the first column of Table 4.1 shows. Sometimes these were in response to the demands of other funding agencies. Four sites were permitted to serve only AFDC recipients under the terms of their agreement with the state welfare agency.[7] The three California sites enrolled only AFDC recipients for a different reason: They relied on the state JOBS program (known as Greater Avenues for Independence, or GAIN) to pay the costs of support services, including child care. In several cases, funding came with geographical strings attached. New Chance in Lexington, for instance, could serve only residents of Fayette County, since the county government was paying for most of the program; similarly, the Minneapolis program was restricted to residents of that city.

In establishing site-specific eligibility criteria, sponsor agencies also responded to their perceptions of who they could or could not serve effectively. Some of these criteria were set at the outset; others were added as sites gained operating experience. For example, from the beginning, the Minneapolis and San Jose sites excluded young women reading below a specified level (sixth grade for Minneapolis, grade 5.5 for San Jose), reasoning that they could not provide appropriate assistance to young women whose literacy skills were so rudimentary, or that these young women would progress so slowly in the program that a GED would not be achievable within the program time frame.[8] Over time, the Detroit site, struggling to serve many young women who could read only with difficulty, decided to impose a 4.5-grade reading floor.

Site-specific entry criteria satisfied funders' demands, and reading floors may also have made for smoother program operations down the line. At the same time, however, by decreasing the number of young women eligible for New Chance, they increased the efforts sites had to make to find these young women and convince them to enroll.

III. The Recruitment Challenge

A. Challenges Facing All Sites

Most organizations must market their goods or services. They must let prospective customers know about their offerings and may need to persuade buyers that these are worth

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[6]The original research plan did allow for the translation of the interview protocols into Spanish and for the hiring of Spanish-speaking interviewers, but because sites enrolled only Spanish-speaking enrollees who were also fluent in English, it has not proved necessary to implement these provisions.

[7]Initially, the agreement between the Harlem site and the state welfare agency specified that New Chance would serve only AFDC recipients. As recruitment efforts progressed, the program uncovered a substantial number of teen parents who were not receiving aid but were in need of New Chance services. The site negotiated a new agreement with the welfare agency, which permitted it to enroll non-public assistance recipients under the 25 percent window.

[8]The San Jose site later decided to admit participants reading at the fourth-grade level and above.

TABLE 4.1

FEATURES OF NEW CHANCE RECRUITMENT AND ENROLLMENT, BY SITE

Site and Random Assignment Start Date	Special Eligibility Criteria	Staff Who Were Responsible	Approaches Used	Cohort or Open Enrollment	Enrollment Target Met	Comments
Allentown (10/89)	Must be AFDC recipient	Health/parenting educator, health educator, health educator/work internship coordinator	Presentations to welfare staff and other agencies; welfare mailing list; referrals from WIC; open house; referrals from local health clinics	Cohort	No	Before New Chance, relied heavily on word of mouth and referrals from child welfare agency
Bronx (5/90)	Must be AFDC recipient	All staff	Welfare mailing list; outreach to community organizations; public service announcements; newspaper ads	Cohort	Yes	The program received 15-25 phone calls a week, but few callers actually enrolled
Chicago Heights (8/90)	None	Program coordinator	Presentations to other agencies; flyers; ads in help-wanted section of newspapers; limited referrals from welfare agency	Open	No	Approach was varied and well-documented; welfare agency no longer provides referrals
Chula Vista (5/90)	Must be AFDC recipient	Program coordinator, case manager	Welfare mailing list targeted at likely eligibles	Cohort	Yes	Because of welfare confidentiality issues, the site paid for welfare agency to send mailing itself; participants must co-enroll in GAIN

(continued)

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TABLE 4.1 (continued)

Site and Random Assignment Start Date	Special Eligibility Criteria	Staff Who Were Responsible	Approaches Used	Cohort or Open Enrollment	Enrollment Target Met	Comments
Denver (10/89)	Must be eligible for: JTPA (Adams County); JOBS or JTPA (Denver County)	Program coordinator	Welfare mailing list; flyers in food stamp offices, housing department, etc.	Cohort	No	Most enrollees from Adams County; relatively few from Denver County, for whom van transportation was needed
Detroit (1/90)	Must read at the 4.5-grade level or above	Case managers	Referrals from welfare and other agencies; street recruitment	Cohort	Yes	Few enrollees recruited from community where program is located
Harlem (6/90)	Must read at the 6th-grade level or above	Program coordinator, case managers	Welfare mailing list; public service announcements on the radio; flyers; referrals from community agencies	Open	Yes	---
Inglewood (1/90)	Must be AFDC recipient	Case managers	Direct recruitment at welfare offices twice a week; radio ads; welfare mailing list	Cohort	No	Participants must co-enroll in GAIN
Jacksonville (1/90)	None	Program coordinator	Referrals mostly from agency clinic; referrals from welfare agency; public service announcements	Open	Yes	Discouraged enrollees outside target area
Lexington (1/90)	Must live in Fayette County	Primarily case managers	Referrals from on-site adolescent clinic and Fayette County JOBS program; welfare mailing list; media publicity	Both	Yes	---

(continued)

TABLE 4.1 (continued)

Site and Random Assignment Start Date	Special Eligibility Criteria	Staff Who Were Responsible	Approaches Used	Cohort or Open Enrollment	Enrollment Target Met	Comments
Minneapolis (1/90)	Must be AFDC recipient; must not have high school diploma or GED; must read at 6th-grade level or above	Intake clerk	Welfare mailing list; New Chance staff presentations at JOBS orientations	Cohort (some open as well)	No	Media used to establish sponsor agency's reputation for serving young mothers; strong connection to JOBS office
Philadelphia (5/90)	Must be eligible for JTPA	All staff	Welfare mailing list; public service announcements on TV; referrals from JTPA	Cohort	Yes	Recruitment slowed because of space limitations and physical plant problems
Pittsburgh (8/89)	Must be eligible for JTPA	Recruiter	Wide variety of methods	Cohort	Yes	---
Portland (2/90)	Must be eligible for Job Corps	Recruiter	Referrals from welfare and other agencies	Open	Yes	Program well-known through personal contacts and media
Salem (1/90)	Must be AFDC recipient	Case manager, program coordinator	Presentations to welfare staff; welfare mailing list (flyers with AFDC checks); referrals from welfare agency	Open	Yes	Staff turnover disrupted recruitment efforts
San Jose (3/90)	Must be AFDC recipient; enrollees originally had to read at 5.5-grade level or above, but lowered to 4th-grade level or above	Case manager; participants also used in outreach efforts	Presentations at GAIN orientations; welfare mailing list; flyers; referrals from other agencies	Open	Yes	Participants must be enrolled in GAIN before New Chance

SOURCES: New Chance program records and staff interviews.

the requisite expense or effort, surpassing what the competition (if any) can provide.

Agencies that serve the disadvantaged face special circumstances in "selling" their services. Even when poor people hope for a better life, their past experience with some "helping" institutions may leave them skeptical. They may lack faith in their own ability to achieve success. They may face many external obstacles to program enrollment and participation: lack of stable housing or child care, transportation problems, discouragement from significant others, family crises. The agencies themselves usually cannot spend large amounts of money on advertising.

The New Chance sites confronted all these challenges, along with additional ones. A challenge faced by all sites except Pittsburgh (because of its participation in the New Chance pilot phase) was that of marketing a new program whose reputation was not yet established in the community.[9]

A second challenge was that most sites had little experience with the kind of recruitment New Chance required. Their inexperience took several forms. Some (e.g., Allentown and Lexington) had done little direct marketing to prospective clients. Instead, they had developed relationships with public and private agencies and had relied on these networks to provide referrals to their programs. Others (e.g., Jacksonville and San Jose) had publicized their services to local residents, but had not had to recruit to fulfill quotas or meet timetables.

Third, site staff had to persuade prospective enrollees that New Chance was worth the effort. The comprehensiveness and duration that are intrinsic to the model make the program quite demanding, perhaps especially for those young mothers who have been out of school for a while and have grown unaccustomed to its routine, or whose lives otherwise lack structure.[10]

Fourth, staff had to convince young women to apply to New Chance even though the random assignment design required for the research made their acceptance into the program uncertain. While there is no way of knowing how many prospective participants were directly deterred by the possibility of rejection, there is anecdotal evidence that this was the case at one site.[11]

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[9]As noted in Chapter 1, Aunt Martha's Youth Service Center also took part in the New Chance pilot phase. However, the program ceased operation after the pilot phase, and when it started up again as a demonstration site, it relocated from Park Forest to Chicago Heights, Illinois, and had an entirely new staff.

[10]As noted below, young women are largely attracted to the program because it offers preparation for the GED; in joining New Chance, they must be willing to "buy" the whole service package. When GED programs requiring only a few hours of attendance a week are also available, the rationale for enrolling in New Chance instead may be obscure (particularly if prospective eligibles have alternative resources for child care at their disposal). There is also reason to believe that some agencies that could refer young women to New Chance referred them instead to programs of shorter duration.

Interestingly, most staff members who were interviewed believed that New Chance encountered little competition, since they reasoned that the comprehensiveness of New Chance services and supports was unrivaled by other programs. Nonetheless, in the eyes of prospective participants, more may be too much.

[11]Moreover, at four other sites, there is reason to believe that welfare and JTPA agency staff members in a position to refer young women to New Chance were opposed to random assignment on philosophical

(continued...)

Fifth, New Chance staff had to induce prospective enrollees to take part in an intake process that involved many steps and extended over several days. Typically, young women who called to express interest in enrolling and who appeared to be eligible were invited to visit the program site, speak with staff, and perhaps sit in on a class. If they remained interested, they returned with documentation that they met the eligibility criteria of both New Chance and other funders. (In some cases, they had to be certified as eligible for JTPA by staff of that program before they could enroll in New Chance.) As part of the first or second visit, they were scheduled to take the TABE. Sometimes a third visit was required for completing the New Chance enrollment form and conducting random assignment. After acceptance into the program, additional visits to arrange child care and other services were sometimes necessary.

An extended intake process has certain advantages. It allows young women some time to think about whether they really want to make a commitment to such an intensive program before enrolling, and weeds out those lacking enough motivation to visit the program a second time. On the other hand, there is considerable potential for reasonably well-motivated young women to "slip through the cracks," especially if visits to other agencies are required and if the young women do not have a telephone to facilitate staff contacts with them.

Sixth, sites had to reach young women whose motivation was shaky and who had other options for spending their time: staying home and caring for their children, "hanging out" with friends and boyfriends, or simply staying up late and sleeping late.[12] (Staff at the Bronx site found that attendance was better if they rescheduled introductory meetings for prospective applicants from the mornings to the afternoons.)

Finally, the problems experienced by many program enrollees and documented in the next chapter – a high level of depression, housing problems, lack of support from "significant others," domestic violence, and substance abuse – may be even more prevalent among those who do not join the program.

B. Site-Specific Recruitment Challenges

In addition to these general issues, some sites have faced more specific recruitment obstacles. For example, several sites had to reach a target population they had not served in the past. Since they were not known for their programs for young mothers, they could not rely on their previous record of service to this group to bring in referrals from other agencies or prospective enrollees from "off the street."

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[11](...continued)
or pragmatic grounds; these staff members preferred to recommend that candidates join programs where their admission was assured.

[12]These options will be increasingly foreclosed if JOBS participation requirements for this population are systematically imposed.

It is interesting to note that, in the view of some staff, a number of young women have not yet concluded that they need to take responsibility for their own economic well-being and that of their children. They continue to cling to the view that a man will provide for them, even in the face of disappointing and disillusioning experiences to the contrary.

A second challenge for sites in small cities such as Allentown and Salem was that the number of young women who met the New Chance eligibility criteria was not very large. In early January 1991, the Salem welfare department, for instance, counted 142 mothers aged 16 to 19 who did not have a high school diploma and who were receiving public assistance.[13] While comparable data were not available on the number of 20- to 22-year-olds, the low figure for the younger group suggests that the Salem program had to penetrate very deeply into the eligible population to attain its recruitment goals. Sites in large cities had a much larger pool of eligible women from which to draw.

Geography and transportation presented related problems, since young mothers on welfare are not likely to have regular access to cars. Programs had an easier recruitment task if they were situated in areas where many young mothers lived. Especially in smaller cities, public transportation was limited and not always convenient. The Allentown, Detroit, Jacksonville, and Lexington sites provided van service for the mothers and their children, and program personnel believed this enabled many young women to enroll and participate in the program. Staff in Jacksonville discouraged young women who lived far from the program (and from the van's route) from applying, since experience showed that such women were unlikely to attend regularly; the situation in Salem was similar.

From time to time, a few programs have faced limits on slot availability that have temporarily curtailed recruitment and intake. In such circumstances, either the facility housing the program was so small that admitting additional applicants would result in an unacceptable level of crowding, or there was a shortage of openings in the child care program.

A final constraint on enrollment is the fact that programs were not able to accept young women unable to speak and read English. At two sites that largely served young women of Hispanic origin, staff members asserted that enrollment efforts would have been easier if the programs were equipped to provide services to young people who spoke only Spanish.

Interestingly, when program staff members were asked whether they believed that local labor market conditions or the availability of other programs for young mothers had affected the success of New Chance recruitment efforts, most replied that neither of these factors had much effect on the willingness of eligible young women to come forward for the program. As the program coordinator at one site remarked, most young women would only be able to get fast food jobs anyway. Her counterpart at another site drew a distinction between younger mothers, who may believe that they can get a job on their own, and older ones, who recognize that they need the assistance of New Chance.

IV. New Chance Recruitment: An Overview of the Effort

Recruiting prospective enrollees for New Chance required that sites develop and put into effect a recruitment strategy that involved publicizing their programs, identifying eligible clients, and engaging their interest and response. To do this, they had to deliver a message that would

[13]This point-in-time figure would change as people enter and leave the welfare rolls.

convince young women to join the program. This section discusses their efforts to bring enrollees into New Chance.

A. Sites' Recruitment Strategies

While their experiences varied, in general, program sponsors found that recruitment required more effort than they had anticipated. As of mid-February 1991, about half the sites were on schedule in meeting their recruitment goals, and as of July 1991, when random assignment ended, 11 of the 16 sites had attained their targets.

Table 4.1 summarizes sites' recruitment strategies. It shows that almost all sites relied heavily on the assistance of the welfare agency in identifying and conducting outreach to potentially eligible young women. A number of sites also publicized their efforts through other community agencies and through the media. A couple of sites utilized an unusually wide variety of recruitment techniques. These and other key elements of the recruitment process are considered below.

1. Welfare agency involvement. Working with local welfare agencies to recruit participants was an obvious and logical choice for the New Chance sites, given the program's focus on AFDC recipients and the priority given to serving young welfare mothers in the JOBS program.

Most New Chance sites were nominated for the demonstration by the state welfare agencies, an indication of the good relationships already existing between these agencies and the New Chance sponsors. However, good relationships at the state level had to translate into cooperation between the sites and local welfare offices in order for this referral source to be activated. In most cases, staff of local welfare agencies viewed New Chance as a valuable resource for serving young mothers, and provided assistance that was instrumental to the sites' recruitment efforts.

What welfare personnel could do, however, was inevitably limited by their other responsibilities and priorities, and sometimes by agency policies as well.[14] Moreover, most states implemented their JOBS programs for teen parents only gradually, and enrollment in New Chance (or another education or employment program) was usually not required as a condition of receiving public assistance. In general, the New Chance sites learned that they could not rely on the welfare connection by itself to yield sufficient numbers of applicants.

Welfare agency staff have helped the New Chance sites to identify and recruit participants in three main ways: by providing sites with names and contact information for telephone recruitment or mass mailings of program advertising flyers to welfare households (or,

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[14]For example, the JOBS/GAIN program in Los Angeles County, with a sizable caseload to serve and only limited funding, elected not to serve young mothers as a priority group, and did not undertake an effort to identify them for the Inglewood New Chance site. Project Advance, a welfare-to-work program for teenagers in Illinois, ran out of funds to enroll more people in its own programs and suspended referrals of young mothers to the Chicago Heights New Chance program because it could not pay their child care costs, as the rules would have required.

as discussed below, by handling such mailings themselves); by referring individual clients to the program; and by scheduling sessions at which New Chance representatives described the program and its benefits to a group of prospective enrollees. Each of these approaches had advantages but also posed problems, which sites learned to anticipate and address, and sometimes resulted in a smaller than expected flow of enrollees.

Mass mailings. The New Chance sites relied heavily on mass mailings to welfare households to recruit participants. Using welfare agency records to identify households for such mailings had the advantage of ensuring that a large number of eligibles would get the requisite information. Furthermore, at several sites, welfare agency personnel were willing to enclose flyers about the program with participants' assistance checks, so that this recruitment method cost the program sponsor nothing but the cost of the flyer. (Even if the program sponsor had to foot the cost of the mailing, as was the case at some sites, this was a relatively inexpensive technique.)

But, as the New Chance sites discovered, there are several factors that other programs considering this approach need to take into account. First, not all state and local welfare agencies maintain automated records. If they do not, welfare agency staff must go through case files and other records one by one to compile a list of program eligibles – a time-consuming process that staff may be willing to do occasionally but not repeatedly. Unless procedures are developed for updating such a list, its usefulness is likely to decline over time, given the high mobility of many welfare households.

Second, even when records are automated, getting from these records to a mailing list is not always simple. It takes time to write the computer program for creating a list, and time is often a precious commodity among welfare staff, who may have many other (and higher-priority) tasks. Several months elapsed between the time one big-city welfare agency agreed to prepare a list of eligible young women for the New Chance site and the time the list was ready.

Third, welfare records often do not allow for identification of teen mothers if they are on someone else's case; that is, if the record indicates that the household contains an adult recipient, a teenage girl, and an infant, there may be no way to distinguish whether the infant is the teenager's child or her sibling.[15] If this is the case, a mass mailing to all welfare households is not a very efficient way of reaching a narrowly targeted subgroup of the welfare population. On the other hand, the welfare agency at the Chula Vista site was able to identify prospective participants heading their own cases with pinpoint accuracy: Welfare records there contained information on the age, parenting status, and school attendance – the key factors defining New Chance eligibility – of young welfare mothers living within the zip codes comprising the sponsor agency's catchment area.

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[15]This problem has been identified in reports on several other demonstration programs serving teenage mothers on welfare, including Ohio's Learning, Earning, and Parenting (LEAP) Program (Bloom et al., 1991) and the Teenage Parent Demonstration (Hershey and Nagatoshi, 1989).

Fourth, concerns about confidentiality make many welfare agencies unwilling to share recipients' names and addresses with other organizations. The San Diego County Department of Social Services office would not give a mailing list to the Chula Vista site, but agreed to send out a mailing itself, provided the site paid the bill. The Denver County Department of Social Services allowed the New Chance recruiter to call prospective participants from the department's office; eventually, an agreement was reached that if the recruiter signed a confidentiality pledge, he could remove the list of names and phone numbers from the premises.

Fifth, and finally, the majority of recipients of mass mailings simply do not respond. (This phenomenon is in no way limited to recipients of mass mailings who happen to be on welfare, or to mailings from welfare agencies.) Staff members at the Denver program kept a record of how many inquiries they received from the 364 Adams County residents whose names had been laboriously compiled and to whom a mailing was sent. The mailing netted 52 phone calls, for a response rate of 14 percent. Similarly, a mailing to 300 Lexington households resulted in 30 requests for further information.

The Chula Vista site used a clever technique for improving the rate of responses to mailings. Enclosed with each flyer was a self-addressed, stamped postcard with blank spaces for the recipient to write her address and phone number. The flyer noted that if she completed the card and sent it in, the card would be entered into a drawing, and she might win a $25 gift certificate at the store of her choice. This raffle approach resulted in a response rate of 25 percent, a good deal higher than the norm. At the same time, it gave New Chance staff the information necessary to initiate telephone and mail contacts with young women who expressed an interest in participating.

Individual referrals. At some sites, the New Chance program director or another staff member negotiated an agreement with the welfare agency that welfare workers would refer to New Chance those individuals who came to the assistance agency for some reason (such as to have their eligibility for assistance recertified) and who were appropriate for the program. In order for this technique to be successful, New Chance staff had to make sure that both welfare line workers and their supervisors were knowledgeable and enthusiastic about the program. For example, recruitment at the Jacksonville site was initially slowed in part by the fact that welfare workers there referred young mothers to other programs with which they were more familiar. It improved after the New Chance program coordinator met with the workers and explained the program's aims and activities to them.

Moreover, New Chance staff came to realize that a single presentation about the program was not enough, given personnel turnover in the welfare offices. Welfare personnel needed to be periodically rebriefed about the program in order to keep it fresh in their minds.

Group sessions. At the Jacksonville, San Jose, and Minneapolis sites, welfare recipients who wanted or were required to enroll in the local JOBS program (Project Independence in Florida, GAIN in California, and Success Through

Reaching Individual Development and Employment – STRIDE – in Minnesota) had to attend an orientation session as their first activity. New Chance personnel made presentations about the program to the welfare mothers who assembled for these orientations and recruited some young women in this way.

Several New Chance sites have had participants as well as staff members speak at welfare agency presentations geared toward recruiting prospective enrollees or toward familiarizing agency staff with the program. This has been highly effective: The young women have generally been articulate and moving in talking about the difference the program has made in their lives. Their evident enthusiasm and commitment have been successful in drawing other young women to New Chance and winning support for the program among personnel at other agencies. As one program coordinator said, "Nothing sells the program like the participants." Another site put so much stock in this approach that it applied for and received a small grant so that, among other things, participants could be trained to make public presentations.

2. Outreach and public relations. A number of sites sought to increase awareness of New Chance and its offerings both among local service agencies and among the public at large. To achieve the first aim, staff members made phone calls or presentations about New Chance to community agencies, hospitals, clinics, schools, and churches. When making such contacts, they urged the organizations to provide information about New Chance to young mothers who came to them for assistance. Staff often left behind flyers about the program that young women could peruse in agency waiting rooms or offices.

Sites also used the media to make the entire community aware of the program's existence. At some sites, newspaper articles and television and radio spots were successful in drawing eligible young mothers to the program. At the Philadelphia site, for example, a staff member used personal connections with a friend at a television station to get a public service announcement about New Chance inserted into the commercial break of a popular soap opera; many enrollees reported that this was how they first heard about the program. Media coverage also conveyed information about the program to the young mothers' relatives and friends, who could then pass the word on.

A number of New Chance sites worked diligently to attract the media, with considerable success. They invited members of the press to such program events as open houses and graduation ceremonies. Sometimes public officials such as mayors and state and congressional representatives were invited to these events as well. Their presence helped lure the media, and programs reaped the double benefits of press coverage and endorsements by political leaders.

3. Variety in recruitment methods. Even the most creative single recruitment technique is likely to lose much of its "punch" over time. Moreover, young women may be more likely to hear and heed the program message if it is repeated in a number of different ways. Multiple approaches are therefore in order.

The Pittsburgh and Chicago Heights sites provide examples of approaches to recruitment

that were varied, imaginative, and disciplined.[16] Pittsburgh, for example, had a written plan and schedule for activities that included: distributing program flyers in a variety of places (including libraries, bookstores, record stores, hospitals, supermarkets, welfare offices, recreation centers, training programs, restaurants, and dry cleaners) in more than ten city neighborhoods; sending mailings to a variety of agencies (churches, schools, community agencies, hospitals, colleges, etc.); inserting advertisements in both citywide and neighborhood newspapers; staffing booths at street fairs and community fairs; making presentations at local agencies; and inserting public service announcements on a radio station frequently listened to by young women and on virtually all the local television channels. The Chicago Heights site's recruitment strategy was also highly systematic and well documented. Staff there found that an especially effective technique was to place advertisements for the program in the "Help Wanted" section of the newspaper.

4. **Responsibility for recruitment**. As Table 4.1 shows, responsibility for recruitment was usually given to one or more staff members who had several other program duties (e.g., program coordinator or case manager). Sometimes assignments and responsibilities in this area were not well specified, and recruitment efforts suffered accordingly.

The Jacksonville and Portland sites illustrate how clear responsibilities and staff accountability can help turn poor recruitment results around. In Jacksonville, recruitment was initially done in a somewhat unsystematic way, and consistent attention was not given to this activity. As a result, the program did not meet its early enrollment goals and was threatened with a funding shortfall (since funding was partly attached to the number of young women randomly assigned). The director of the sponsor agency became concerned about this prospect and exerted pressure on New Chance staff to give higher priority to recruitment efforts. Heightened recruitment activity by program staff, combined with an increase in welfare agency referrals, helped the site attain its enrollment goals.

The situation in Portland was more complicated because several agencies were involved. The site was a collaborative effort of the Portland Public Schools, the Job Corps, and the YWCA, with responsibility for recruitment vested by contract in the YWCA. Although the site had always planned to hire a recruiter, hiring went very slowly, and staff from all three organizations took up the task until the position could be filled. It was unclear at times who was doing what. These problems were identified at a meeting at which all parties agreed to a written recruitment plan with clear assignments, and the decisions reached were also put into writing. After this, the recruitment process went more smoothly, and eventually the recruiter was hired.

The staff complement at the Pittsburgh site also includes a designated recruiter; three people have filled this position since the demonstration began. Having such a person on staff has proved advantageous in two major respects. First, it has allowed skilled recruiters to develop, test, and refine a repertory of recruitment techniques, without a host of competing responsibilities. Second, by drawing clear lines of accountability, the program coordinator has

[16]Pittsburgh has been able to meet its recruitment goals; the Chicago Heights site fell short, in part because the welfare agency was unable to cover the costs of child care and was therefore unwilling to cooperate in recruitment efforts, as noted above.

had grounds for firing a recruiter who was not meeting specified targets and replacing her with someone who has been far more effective.

5. **The timing of recruitment**. The Cygnet Associates training emphasized the importance of keying recruitment to when prospective enrollees' interest in the program is likely to peak. The sites' experiences have largely borne out Cygnet's recommendation that programs plan major recruitment efforts for the early fall and (to a lesser degree) for the spring: Two of the months of highest intake into the demonstration were August and September 1990.[17] Young women who are eligible for New Chance, although they are school dropouts, seem to operate on an "academic calendar" and regard the fall as the best time for making a fresh start. December, as predicted, has been consistently disappointing in terms of recruitment; evidently, young women who are thinking of joining a program would rather do it "after the holidays."

Not all sites were able to adjust intake schedules to meet periods of high demand. For one thing, sites were slated to start random assignment when their programs were judged ready, not when a particularly large entering cohort could easily be assembled. Second, some sites had to meet the enrollment schedules of other funders. The Pittsburgh program's contract with JTPA, for example, called for a class cycle to begin in August (an optimal time, according to Cygnet), while another was to start in January (a more difficult month in which to engage the young women's interest).

6. **The cohort versus open enrollment decision**. Some New Chance sites (Pittsburgh is a case in point) have enrolled participants in groups (or "cohorts") throughout. Others (e.g., San Jose) have consistently permitted open enrollment. Still others (e.g., Allentown, Lexington, and Salem) have tried both.

In general, sites have discovered that each strategy has advantages, and each has drawbacks as well. The great advantage of open enrollment is that young women can start the program without delay (and before other problems have intervened or the women have lost interest). The disadvantage is that a constant trickle of new entrants makes it hard to schedule classes in which a fixed body of material must be covered; if there are not enough new students to begin a separate class, the newcomers must join classes of earlier enrollees, who will already have had much of the material.

Cohort enrollment makes scheduling classes considerably easier. It also allows programs to concentrate recruitment efforts in certain periods rather than to maintain a certain level of recruitment activity all year. However, there is also great potential for losing young women before the next class is to start, particularly if the interval between enrollment and the beginning of classes is longer than a few weeks.

While each approach inevitably has disadvantages associated with it, there are ways that programs can mitigate these negative features. In open-entry programs, staff must devise creative ways of introducing the material to new participants without boring the older members

[17]The single highest month was June 1991, as sites made a monumental effort to recruit new enrollees just before random assignment ended.

of the class. These may include review sheets summarizing topics already covered, one-on-one counseling and instruction, recasting previously presented material in a different way, or having students who have already heard the lesson present it to new arrivals. In cohort enrollment programs, staff must maintain regular contact with those who are awaiting entry. This is discussed further in subsequent chapters.

B. The Recruitment Message

The initial messages staff members convey to prospective enrollees are remarkably similar across the sites. The first message is that New Chance provides an opportunity that will enable participants to become employed, get off welfare, and gain control of their lives. In this regard, staff emphasized the comprehensive nature of the program and told the young women that New Chance would help them pass the GED test, get training, and learn about parenting and health, while providing free child care. Staff often noted that New Chance is a special demonstration program "designed especially for young mothers like you." A second message is that "staff are here for you and will support you"; as one staff member put it simply: "We care." The young women were also informed that they would be selected for the program through a random assignment procedure "like a lottery," and that while there was no guarantee they would get in, the odds were in their favor.

Staff members told potential recruits that daily attendance was expected. In general, however, especially at the outset, they tended to play down the program rules, reasoning that too heavy an emphasis on rules and regulations would drive away potential enrollees. Over time, as discussed in Chapter 7, attendance problems led staff to rethink this position and to stress at the outset that New Chance was only for those who were committed to regular attendance.

It appears that *how* staff members deliver the New Chance message may be just as important as *what* they say. The enthusiasm and commitment they show and their ability to relate to the young women are what give substance to staff members' promises about what the program will be like for those who enroll.

It seems likely, for instance, that the warmth and caring staff have displayed to prospective enrollees at the Denver site even before random assignment is one factor helping to account for that site's unusually high attendance rates (see Chapter 7). Denver staff spend considerable time with each young woman who expresses interest in the program, and the enrollment form is completed in the context of an interview in which staff display a real desire to get to know the young woman, not simply to get the necessary paperwork done.

At another site, MDRC staff observed an intake interview. It was polite but relatively brief and centered on getting the information needed to complete the enrollment form. This was understandable, given the fact that random assignment had not yet occurred: The staff member conducting the interview may not have wished to seem too demonstrative to someone who might have been assigned to the control group. While this site's attendance problems are in no way reducible to the intake process, it seems clear that a new enrollee at this site would have felt a lesser degree of commitment and interest on the part of program staff than would her Denver counterpart. Staff reticence may reinforce any hesitations about attending that an enrollee might have already.

In this regard, it is noteworthy that a participant at the Harlem site, talking about what had impressed her when she inquired about enrolling, mentioned the amount of time staff spent with her even before she had signed on. She obviously took this as an indication that there was something special about the program – and perhaps about herself as well.

V. Why Young Women Enroll in New Chance

Twenty-one New Chance participants were interviewed during the course of MDRC research staff visits to the sites and asked why they had joined the program. Although these young women in no way comprise a representative sample, their responses are highly consonant with those of program staff members, who were also asked what factors induced the young women to join, and they suggest the elements of the recruitment message to which the young women responded most strongly. Three main themes emerge: the opportunity to get a GED, the availability of on-site child care, and the desire to do something with one's life.

The prospect of earning a GED exerts a powerful attraction for participants. Program staff report that, while there are certainly exceptions, the majority of participants are much more interested in getting a GED than in receiving skills training (or, for that matter, instruction in health and parenting skills). This is in part because many young women have unrealistic ideas about the kind of employment for which passing the GED will prepare them.

For many participants, too, the GED is a more important personal goal than is getting a job. The value of the GED for program entrants appears to be in large part symbolic. Completing high school is widely recognized as a principal "rite of passage" for adolescents in the United States (getting a full-time job is not), so that it is not surprising that the GED should be valued in this way. It signifies that the young woman is not a high school dropout, with all the stigma and failure associated with that term, but has attained a status similar to that of her high school classmates who went on to obtain a diploma. Like all status symbols, the GED enhances the possessor's sense of self-worth.[18]

The availability of child care through New Chance is another lure mentioned by several of the young women who were interviewed. Two features of this care seem to be especially important: first, it is free, and second, the majority of sites, provide on-site care. In the latter instance, participants have the opportunity to see their children during the course of the day as well as to reassure themselves that their children are being well taken care of – a common concern among mothers who have taken heed of the rare but well-publicized "horror stories" of physical and sexual abuse at child care centers.

Finally, the interview respondents spoke of their desire to better their own lives. Part of this stems from a sense of responsibility as parents and a wish to provide a better life for

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[18]A few staff members do not agree that getting a GED is the primary motivation for enrolling in New Chance. According to the Pittsburgh coordinator, "Participants come into the program for a variety of reasons, and getting a GED could be at the bottom of the list. They have unrealistic goals upon entry into the program and think they can get high-paying jobs without a GED."

their children than they themselves have experienced so far. Part of it, too, arises from the boredom of staying at home. As one young woman put it, "I was 21 years old and tired of doing nothing and having nothing, living on welfare." Staff believe that the young women are also motivated to get out of the house to relieve the social isolation that mothers who stay at home (whatever their age) often experience.

The interviews suggest that while the young women who joined New Chance wanted to make a change, they might not have enrolled were it not for the support services New Chance offered. (Besides child care, respondents cited bus passes and van service as important factors spurring enrollment, and program staff add free meals to this list.) These services facilitate participation in and of themselves; they may also send a signal that the program cares about the young women and seeks to make their lives easier.

VI. Summary

As recruitment proceeded, the sites came to realize that a relatively "laid back" approach to recruitment would not yield the desired response. In general, sites with more effective recruitment records prepared careful advance plans involving multiple strategies and made sure these plans were carried out. Recruitment worked best when it was a designated responsibility (even if one shared among several people) and when goals and timetables were developed and monitored.

The involvement of the welfare agency (or its welfare employment program) was often vital to recruitment success. Over time, sites learned to identify and address the issues associated with specific welfare recruitment approaches, such as mass mailings and individual referrals.

Good public relations were also important for recruitment success, especially when programs were new and needed visibility and legitimacy. Newspaper articles and radio and television spots brought the program to the attention of prospective enrollees' family members and others who could then encourage the young women to sign up. Program participants themselves were often highly effective in spreading the word about the program and bringing in new recruits.

The New Chance experience confirms that of other programs that there are times of the year when interest in program participation naturally peaks: the fall is the best time for recruitment and December is the worst. The lesson that all months are not equal for recruitment purposes is one to which funders should give particular heed, especially when performance-based contracts are involved.

The New Chance sites also discovered that there are definite advantages to both cohort and open enrollment, and equally clear drawbacks, which can be mitigated through careful planning. Cohort enrollment makes it easier to schedule and conduct classes because it is more likely to result in a critical mass of participants ready to start activities at the same time. However, programs must make concerted efforts to remain in contact with participants who are waiting for a new cohort to begin. Open enrollment has the advantage of allowing programs to "capture" participants when they are ready to start, but it means that instructors must find

new and interesting ways of reviewing with new students material that earlier enrollees have already covered.

Finally, sites learned that both the tone and content of the recruitment message are important, and that from the outset staff involved in the enrollment process must make the program seem exciting and welcoming. Participants needed to feel from the beginning that staff care about them and will be responsive to their needs, but they also needed to understand that the program demands commitment and regular attendance. The availability of free child care, especially care provided at the program site, turned out to be an important program feature for older adolescent mothers, as was the opportunity to earn a GED. At several sites where public transportation was inadequate, the New Chance programs provided transportation services, which staff members believed allowed many young women to enroll and participate.

Two words of caution about the preceding generalizations are in order. First, they should not be viewed as firm "rules" that must be followed to achieve success. There are sites that have not adhered to one or more of them (e.g., relying almost completely on the welfare agency, or not designating responsibility for recruitment to specific individuals) and have nonetheless met their goals because other conditions have been favorable. Rather, the generalizations can be viewed as "best practices" that emerge from the sites' collective experience and that help to promote success even when conditions are less favorable. Second, however, adherence to these practices does not guarantee success. There are many additional factors, mostly beyond the control of program staff, that can impinge on sites' ability to achieve their targets.

Finally, in considering recruitment in New Chance, one important fact must be borne in mind: Prospective participants are, after all, *teenagers* (or just beyond their teenage years). Like other teenagers (like their own children, say some staff members who are the parents of adolescents or post-adolescents), the young mothers are often uncertain about what they want and are disposed to change their minds, to try one thing and then another before committing themselves. Staff reason that young women who have thrown away a New Chance flyer, or who have called for information but not shown up for an intake appointment, may reconsider in the future. This reasoning (and hope) animates their ongoing recruitment efforts.

CHAPTER 5

THE NEW CHANCE POPULATION

I. Introduction

As a result of the efforts described in the previous chapter, 1,393 young mothers were recruited and 930 were randomly assigned to the New Chance program through December 1990. This chapter relies on both quantitative and qualitative data to describe their characteristics and life situations. The chapter begins by presenting a statistical profile of the young women when they enrolled in the program. The remaining sections of the chapter discuss staff members' perceptions of the participants; data drawn from interviews and program documents are complemented and reinforced by findings from a special survey administered to staff at all sites.

II. A Statistical Profile of Enrollees at Intake

New Chance program staff fill out enrollment forms for all applicants before the young women are selected for the program or the control group.[1] In addition, applicants complete scales that measure their levels of depression and self-esteem and their sense of personal efficacy and "locus of control" (i.e., the degree to which a person believes that her own actions and efforts, as opposed to external forces, affect what happens to her). Finally, they take the reading part of the TABE survey. Together, these instruments provide statistical data on enrollees' demographic, socioeconomic, educational, and psychological characteristics. The data confirm that New Chance has reached the highly disadvantaged young women for whom the program was intended, while also pointing to substantial variation within this population.

This section first presents information for the sample as a whole, then examines differences among subgroups within the entire sample, and finally compares New Chance enrollees with those in other programs for disadvantaged young mothers.

A. The Sample in Aggregate

Table 5.1 shows selected characteristics of the 930 young women who were randomly assigned to the experimental group through December 1990, by site and for the group as a

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[1]All the enrollment data are based on the young women's self-reports. Program staff verified primarily those data relating to the eligibility requirements, and there are occasional discrepancies between information appearing on the enrollment forms and what participants have subsequently told interviewers. There are a number of explanations for such discrepancies and reasons why enrollees might not disclose personal information at intake: apprehension that noncompliance with the welfare regulations might be discovered, reluctance to reveal highly personal information before rapport has been established, desire to present socially acceptable responses, and changes over time in enrollees' life circumstances.

TABLE 5.1

SELECTED CHARACTERISTICS OF NEW CHANCE ENROLLEES, BY SITE

Characteristic	Allentown	Bronx	Chicago Heights	Chula Vista	Denver	Detroit	Harlem	Inglewood	Jacksonville	Lexington	Minneapolis	Philadelphia	Pittsburgh	Portland	Salem	San Jose	Full Sample
Demographic Characteristics																	
Age in years (%)																	
16	1.6	0.0	7.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.1	0.3[a]
17	19.7	10.2	7.1	13.8	14.0	29.2	8.8	21.8	40.0	14.3	6.3	27.1	10.3	16.4	9.6	19.1	17.4
18	18.0	22.4	21.4	24.6	36.0	22.5	17.6	18.2	13.3	17.5	28.6	20.8	26.2	23.3	21.2	27.7	22.7
19	27.9	22.4	35.7	32.3	32.0	24.7	23.5	18.2	26.7	15.9	28.6	33.3	24.3	41.1	30.8	29.8	27.5
20	19.7	24.5	28.6	18.5	16.0	15.7	23.5	32.7	11.7	31.7	20.6	12.5	23.4	19.2	30.8	17.0	21.2
21	13.1	20.4	0.0	10.8	2.0	7.9	23.5	9.1	8.3	20.6	12.7	6.3	15.9	0.0	7.7	4.3	10.5
22	0.0	0.0	0.0	0.0	0.0	0.0	2.9	0.0	0.0	0.0	3.2	0.0	0.0	0.0	0.0	0.0	0.3
Average age (years)	18.8	19.2	18.7	18.9	18.6	18.5	19.4	18.9	18.4	19.3	19.1	18.5	19.1	18.6	19.1	18.5	18.8***
Ethnicity (%)																	
White, non-Hispanic	34.4	0.0	28.6	35.4	28.0	0.0	2.9	3.6	11.7	49.2	16.1	10.4	5.6	63.0	82.7	21.3	24.0[a]
Black, non-Hispanic	18.0	53.1	50.0	9.2	8.0	100.0	79.4	85.5	88.3	50.8	69.4	79.2	92.5	28.8	0.0	6.4	54.5
Mexican	0.0	0.0	7.1	49.2	40.0	0.0	0.0	9.1	0.0	0.0	0.0	2.1	0.0	1.4	11.5	42.6	9.3
Puerto Rican	37.7	40.8	7.1	3.1	0.0	0.0	8.8	1.8	0.0	0.0	0.0	6.3	0.0	0.0	0.0	2.1	5.8
Other Hispanic	9.8	6.1	7.1	1.5	18.0	0.0	8.8	0.0	0.0	0.0	1.6	2.1	1.9	5.5	0.0	19.1	4.3
Indian or Alaskan	0.0	0.0	0.0	0.0	4.0	0.0	0.0	0.0	0.0	0.0	12.9	0.0	0.0	1.4	5.8	2.1	1.6
Asian	0.0	0.0	0.0	1.5	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.4	0.5
Marital status (%)																	
Never married	95.1	89.8	100.0	78.5	92.0	95.5	97.1	96.2	90.0	82.5	96.8	100.0	96.2	90.4	86.5	89.4	91.9[a]
Married, spouse present	0.0	4.1	0.0	6.2	4.0	3.4	2.9	0.0	1.7	3.2	0.0	0.0	0.9	0.0	0.0	2.1	1.8
Married, spouse absent	4.9	6.1	0.0	12.3	4.0	0.0	0.0	3.8	8.3	9.5	1.6	0.0	2.8	6.8	9.6	6.4	5.0
Divorced	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.6	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Widowed	0.0	0.0	0.0	3.1	0.0	1.1	0.0	0.0	0.0	3.2	1.6	0.0	0.0	2.7	3.8	2.1	1.2
Number of children (%)																	
1	63.9	67.3	85.7	70.8	72.0	62.9	76.5	70.9	56.7	31.7	65.1	60.4	68.2	74.0	51.9	76.6	64.6[a]
2	26.2	26.6	7.1	26.2	26.0	29.2	23.5	29.1	31.7	42.9	19.0	27.1	21.5	19.2	40.4	17.0	26.7
3	6.6	4.1	7.1	3.1	2.0	5.6	0.0	0.0	8.3	23.8	11.1	12.5	7.5	6.8	5.8	6.4	7.2
4 or more	3.3	0.0	0.0	0.0	0.0	2.2	0.0	0.0	3.3	1.6	4.8	0.0	2.8	0.0	1.9	0.0	1.5
Average number of children	1.5	1.4	1.2	1.3	1.3	1.5	1.2	1.3	1.6	2.0	1.6	1.5	1.4	1.3	1.6	1.3	1.5***

(continued)

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TABLE 5.1 (continued)

Characteristic	Allen-town	Bronx	Chicago Heights	Chula Vista	Denver	Detroit	Harlem	Ingle-wood	Jackson-ville	Lexing-ton	Minnea-polis	Phila-delphia	Pitts-burgh	Port-land	Salem	San Jose	Full Sample
Age of youngest child in years (%)																	
Under 1	63.9	38.8	35.7	43.1	48.0	66.3	47.1	49.1	60.0	60.3	42.9	54.2	58.5	58.9	55.8	60.9	54.5[a]
1	24.6	32.7	35.7	32.3	34.0	24.7	26.5	36.4	26.7	30.2	27.0	29.2	17.9	31.5	28.8	21.7	27.8
2	8.2	16.3	28.6	15.4	10.0	6.7	20.6	14.5	8.3	6.3	15.9	12.5	9.4	6.8	11.5	15.2	11.4
3 or older	3.3	12.2	0.0	9.2	8.0	2.2	5.9	0.0	5.0	3.2	14.3	4.2	14.2	2.7	3.8	2.2	6.3
Average age of youngest child (years)	0.9	1.6	1.4	1.4	1.3	0.9	1.4	1.2	1.1	1.0	1.5	1.1	1.2	1.0	1.1	1.1	1.2***
Age at first child's birth (%)																	
Under 14	1.6	2.0	0.0	0.0	0.0	1.1	0.0	0.0	3.3	0.0	0.0	0.0	0.9	2.7	1.9	0.0	1.0[a]
14	1.6	2.0	0.0	1.5	0.0	3.4	0.0	1.8	13.3	9.5	6.3	8.3	5.6	1.4	0.0	4.3	4.1
15	8.2	20.4	7.1	12.3	12.0	8.0	5.9	9.1	16.7	14.3	17.5	18.8	11.2	13.7	11.5	8.5	12.5
16	21.3	12.2	28.6	21.5	30.0	22.5	17.6	21.8	25.0	25.4	27.0	18.8	17.8	20.5	17.3	19.1	21.4
17	32.8	32.7	42.9	27.7	28.0	42.7	29.4	25.5	20.0	22.2	19.0	35.4	30.8	23.3	28.8	27.7	28.9
18	19.7	18.4	7.1	27.7	22.0	15.7	29.4	20.0	13.3	14.3	23.8	14.6	20.6	27.4	26.9	27.7	20.9
19	14.8	12.2	14.3	9.2	8.0	5.6	11.8	21.8	8.3	14.3	6.3	4.2	10.3	11.0	13.5	12.8	10.8
Average age at first child's birth (years)	17.5	17.3	17.6	17.4	17.3	17.3	18.0	17.7	16.7	17.1	17.1	16.9	17.4	17.4	17.5	17.5	17.3***
Enrollee living with (%)																	
Mother	26.2	35.4	50.0	40.0	34.0	43.2	32.4	32.7	36.7	34.9	17.5	50.0	31.8	26.1	21.2	42.6	33.8**
Father	13.1	6.3	14.3	13.8	18.0	6.8	14.7	3.6	0.0	6.3	1.6	2.1	5.6	10.1	5.8	19.1	8.1[a]
Stepparent	6.6	2.1	21.4	7.7	6.0	3.4	5.9	7.3	5.0	7.9	1.6	2.1	0.9	5.8	1.9	4.3	4.7[a]
Spouse or partner	11.5	8.3	7.1	13.8	8.0	8.0	5.9	7.3	8.3	14.3	14.3	10.4	4.7	18.8	17.3	12.8	10.7
Other adult	34.4	44.9	57.1	43.1	26.0	30.3	52.9	41.8	30.0	20.6	12.7	41.7	18.7	28.8	32.7	57.4	32.7***
No other adult	36.1	24.5	7.1	26.2	42.0	30.3	20.6	29.1	35.0	34.9	60.3	12.5	52.3	32.9	42.3	6.4	33.9***
Enrollee has child not living with her (%)	8.2	2.0	7.1	0.0	0.0	1.1	2.9	1.9	3.4	7.9	6.5	6.3	0.9	4.1	15.4	2.1	4.0[a]
Enrollee lived in a female-headed household at age 14 (%)	29.1	70.7	25.0	42.6	21.3	58.7	64.5	62.5	71.4	51.9	64.9	68.2	82.2	51.5	33.3	42.5	54.8***
Enrollee lived with mother and father at age 14 (%)	41.0	12.2	28.6	26.2	38.0	17.2	23.5	10.9	11.7	22.2	15.0	16.7	11.3	26.4	25.5	31.9	21.4***

(continued)

TABLE 5.1 (continued)

Characteristic	Allentown	Bronx	Chicago Heights	Chula Vista	Denver	Detroit	Harlem	Inglewood	Jacksonville	Lexington	Minneapolis	Philadelphia	Pittsburgh	Portland	Salem	San Jose	Full Sample
Education Characteristics																	
Highest grade level completed (%)																	
7th or below	4.9	2.0	0.0	4.6	6.0	1.1	0.0	0.0	6.7	9.5	1.6	2.1	0.0	1.4	7.7	2.1	3.1[a]
8th	13.1	4.1	14.3	9.2	8.0	1.1	6.8	3.6	15.0	17.5	7.9	16.8	3.7	12.3	19.2	19.1	10.1
9th	36.1	32.7	14.3	21.5	22.0	16.9	11.8	7.3	35.0	19.0	23.8	39.6	15.9	26.8	25.0	21.3	23.2
10th	16.4	30.6	28.6	38.5	26.0	36.0	32.4	38.2	23.3	31.7	30.2	16.8	29.0	30.1	21.2	31.9	29.2
11th	27.9	26.5	28.6	20.0	24.0	44.9	47.1	43.6	20.0	20.6	34.9	20.8	29.9	12.3	26.9	23.4	28.2
12th	1.6	4.1	14.3	6.2	14.0	0.0	0.0	7.3	0.0	1.6	1.6	0.0	21.5	15.1	0.0	2.1	6.1
Average highest grade level completed	9.5	9.9	10.1	9.8	9.9	10.2	10.2	10.4	9.3	9.4	9.9	9.4	10.5	9.8	9.4	9.6	9.9***
Received high school diploma or GED (%)	1.6	0.0	14.3	6.2	20.0	1.1	3.0	5.5	3.3	4.8	0.0	0.0	21.5	24.7	1.9	0.0	7.4[a]
Ever dropped out of school (%)	91.8	95.9	71.4	89.2	98.0	91.0	78.8	79.6	96.7	95.2	98.4	85.4	74.8	79.5	94.2	93.6	88.6***
Left school before first pregnancy (%)	45.9	26.5	21.4	58.5	38.0	30.3	52.9	30.9	33.3	33.3	42.9	22.9	21.7	41.1	65.4	48.9	37.9***
Years since last attended school (%)																	
Less than 1	14.8	2.1	7.1	11.1	30.0	34.1	17.6	34.0	21.7	14.3	27.5	14.6	23.4	21.4	17.6	25.5	21.0***
1	27.9	20.8	50.0	20.6	20.0	27.3	32.4	15.1	30.0	11.1	21.6	22.9	29.0	24.3	5.9	23.4	23.0
2	16.4	27.1	14.3	31.7	16.0	23.9	5.9	20.8	25.0	27.0	13.7	31.3	15.0	22.9	31.4	14.9	21.6
3 or more	41.0	50.0	28.6	36.5	34.0	14.8	44.1	30.2	23.3	47.6	37.3	31.3	32.7	31.4	45.1	36.2	34.4
Average number of years since last attended school	2.6	3.3	2.9	2.8	2.4	1.8	2.8	2.2	2.3	3.0	2.3	2.4	2.4	2.5	2.8	2.3	2.5***
Ever repeated a grade (%)	62.3	46.8	35.7	38.5	32.0	23.6	38.2	20.0	63.3	52.4	30.2	70.8	44.3	19.2	36.5	34.8	40.1***
Reading grade level (%)																	
4th or below	18.0	24.5	21.4	9.2	14.0	16.9	2.9	14.8	20.0	15.9	0.0	20.8	1.9	20.5	11.5	2.1	12.8***
5th	18.0	12.2	0.0	9.2	8.0	16.9	2.9	7.4	6.7	6.3	0.0	8.3	9.3	8.2	11.5	6.4	9.0
6th	4.9	12.2	21.4	9.2	8.0	7.9	5.9	9.3	15.0	7.9	25.4	22.9	15.9	8.2	7.7	10.6	11.7
7th	14.8	12.2	7.1	9.2	14.0	10.1	23.5	7.4	3.3	14.3	14.3	8.3	21.5	5.5	9.6	14.9	12.2
8th	14.8	14.3	21.4	12.3	14.0	4.5	29.4	22.2	15.0	12.7	11.1	8.3	26.0	16.4	5.8	8.5	14.7
9th	6.6	12.2	7.1	13.8	16.0	14.6	20.6	16.5	23.3	12.7	17.5	4.2	9.3	6.6	7.7	19.1	13.0
10th or above	23.0	12.2	21.4	36.9	26.0	29.2	14.7	20.4	16.7	30.2	31.7	27.1	14.0	34.2	46.2	36.3	26.5
Average reading grade level	9.3	7.1	7.6	8.9	8.5	8.1	8.4	8.2	7.8	8.4	9.1	7.6	8.0	8.3	9.0	9.4	8.4

(continued)

TABLE 5.1 (continued)

Characteristic	Allentown	Bronx	Chicago Heights	Chula Vista	Denver	Detroit	Harlem	Inglewood	Jacksonville	Lexington	Minneapolis	Philadelphia	Pittsburgh	Portland	Salem	San Jose	Full Sample
Desired educational attainment (%)																	
High school diploma or GED	41.0	40.8	21.4	43.1	20.0	43.2	21.2	21.8	40.0	28.6	27.0	50.0	23.8	30.1	40.4	31.9	33.3[a]
Some college	21.3	28.6	57.1	27.7	46.0	12.5	21.2	36.4	40.0	25.4	39.7	14.6	30.2	43.8	30.8	36.2	30.5
College degree	18.0	20.4	14.3	20.0	22.0	28.4	39.4	18.2	10.0	27.0	22.2	25.0	32.1	16.4	13.5	12.8	21.9
Graduate degree	16.4	10.2	7.1	7.7	12.0	15.9	12.1	20.0	10.0	11.1	4.8	6.3	8.5	6.8	11.5	14.9	11.0
Other	3.3	0.0	0.0	1.5	0.0	0.0	6.1	3.6	0.0	7.9	6.3	4.2	5.7	2.7	3.8	4.3	3.2
Highest level of education expected for child (%)[b]																	
High school	27.9	18.4	7.1	18.5	22.0	20.2	10.7	14.5	28.8	22.2	26.7	29.8	13.2	30.6	36.5	25.5	22.6***
College or other post-secondary education	49.2	51.0	92.9	67.7	62.0	47.2	64.3	60.0	52.5	49.2	46.7	53.2	72.6	41.7	48.1	55.3	55.5
Graduate school	23.0	30.6	0.0	13.8	16.0	32.6	25.0	25.5	18.6	28.6	26.7	17.0	14.2	27.8	15.4	19.1	21.9
Maternal educational attainment (%)																	
High school diploma or GED																	
Yes	44.3	34.7	42.9	41.5	54.0	67.4	52.9	67.3	56.7	42.9	55.6	47.9	52.3	60.3	51.9	46.8	52.4***
No	44.3	49.0	50.0	47.7	40.0	19.1	26.5	29.1	31.7	46.0	30.2	41.7	28.0	23.3	32.7	36.2	34.3
Do not know	11.5	16.3	7.1	10.8	6.0	13.5	20.6	3.6	11.7	11.1	14.3	10.4	19.6	16.4	15.4	17.0	13.3
Attended college																	
Yes	23.0	16.3	0.0	20.0	28.0	33.7	32.4	54.5	11.7	17.5	34.9	14.6	17.8	34.2	26.8	19.1	25.3***
No	70.5	69.4	85.7	75.4	68.0	48.3	47.1	40.0	73.3	76.2	55.6	83.3	64.5	49.3	61.5	76.6	63.8
Do not know	6.6	14.3	14.3	4.6	4.0	18.0	20.6	5.5	15.0	6.3	9.5	2.1	17.8	16.4	9.6	4.3	11.0
Paternal educational attainment (%)																	
High school diploma or GED																	
Yes	31.1	42.9	35.7	40.0	52.0	48.3	29.4	47.3	35.0	30.2	46.0	37.5	43.0	50.7	57.7	44.7	42.7***
No	32.8	22.4	35.7	27.7	20.0	18.0	20.6	16.4	16.7	42.9	14.3	14.6	21.5	15.1	11.5	27.7	21.7
Do not know	36.1	34.7	28.6	32.3	28.0	33.7	50.0	36.4	48.3	27.0	39.7	47.9	35.5	34.2	30.8	27.7	35.6
Attended college																	
Yes	13.1	12.2	7.1	21.5	26.0	13.5	14.7	20.0	10.0	7.9	15.9	6.3	12.3	26.0	21.2	23.4	15.9***
No	60.7	46.9	71.4	49.2	56.0	49.4	35.3	45.5	38.3	63.5	50.8	43.8	44.3	42.5	50.0	51.1	49.0
Do not know	26.2	40.8	21.4	29.2	18.0	37.1	50.0	34.5	51.7	28.6	33.3	50.0	43.4	31.5	28.8	25.5	35.1
Both parents received high school diploma or GED (%)[c]	14.8	18.4	28.6	24.6	30.0	40.4	26.5	34.5	28.3	17.5	27.0	20.8	26.2	38.4	34.6	27.7	27.8**
Neither parent received high school diploma or GED (%)[c]	19.7	18.4	35.7	18.5	8.0	6.7	14.7	9.1	8.3	25.4	6.3	8.3	10.3	8.2	5.8	12.8	12.2**

(continued)

TABLE 5.1 (continued)

Characteristic	Allen-town	Bronx	Chicago Heights	Chula Vista	Denver	Detroit	Harlem	Ingle-wood	Jackson-ville	Lexing-ton	Minnea-polis	Phila-delphia	Pitts-burgh	Port-land	Salem	San Jose	Full Sample
Employment- and Welfare-Related Characteristics																	
Number of jobs ever held (%)																	
0	3.4	14.6	0.0	11.5	9.1	12.0	3.2	6.3	6.0	3.3	8.0	5.3	17.7	7.5	8.9	12.5	8.8**
1	8.5	22.0	28.6	26.9	22.7	28.0	16.1	37.5	22.0	15.0	18.0	18.4	21.5	16.4	22.2	17.5	21.1
2	22.0	7.3	21.4	21.2	15.9	26.7	12.9	14.6	28.0	25.0	14.0	13.2	16.5	20.9	8.9	22.5	18.8
3	23.7	17.1	21.4	26.9	13.6	17.3	25.8	12.5	12.0	15.0	14.0	18.4	19.0	13.4	17.8	7.5	17.0
4 or more	42.4	39.0	28.6	13.5	38.6	16.0	41.9	29.2	32.0	41.7	46.0	44.7	25.3	41.8	42.2	40.0	34.3
Average number of jobs ever held	3.6	2.7	2.9	2.2	2.9	2.2	3.6	2.6	3.1	3.5	3.7	3.1	2.5	3.4	3.3	3.0	3.0***
Currently employed (%)	0.0	0.0	7.1	0.0	2.0	2.3	6.1	0.0	3.3	4.8	8.2	4.2	7.5	1.4	1.9	0.0	3.0[a]
Ever employed in the past 12 months (%)	44.1	26.8	57.1	26.4	38.6	30.7	51.6	39.6	54.0	56.7	51.0	44.2	43.9	47.1	46.8	47.5	43.3**
Number of months employed in the past 12 months (%)[d]																	
Less than 1	7.7	0.0	0.0	7.1	11.8	4.3	0.0	21.1	11.1	26.5	3.8	10.5	8.3	9.4	9.1	10.5	10.0[a]
1-3	46.2	36.4	37.5	64.3	47.1	47.8	37.5	47.4	37.0	20.6	38.5	42.1	38.9	50.0	40.9	31.6	40.7
4-6	23.1	36.4	25.0	14.3	35.3	30.4	31.3	31.6	33.3	29.4	23.1	26.3	27.8	18.8	9.1	26.3	26.1
7-12	23.1	27.3	37.5	14.3	5.9	17.4	31.3	0.0	18.5	23.5	34.6	21.1	25.0	21.9	40.9	31.6	23.2
Earnings in the past 12 months (%)[d]																	
$1-$500	42.3	36.4	12.5	33.3	47.1	59.1	26.7	36.8	40.7	44.1	53.8	33.3	50.0	44.1	36.4	31.6	41.8[a]
$501-$1,000	19.2	18.2	62.5	33.3	41.2	22.7	26.7	31.6	37.0	32.4	23.1	22.2	22.2	29.4	31.8	15.8	28.1
$1,001-$3,000	23.1	27.3	0.0	33.3	5.9	18.2	20.0	21.1	22.2	11.8	19.2	22.2	16.7	23.5	18.2	26.3	19.5
$3,001-$5,000	7.7	9.1	12.5	0.0	0.0	0.0	20.0	10.5	0.0	8.8	0.0	11.1	5.6	2.9	9.1	15.8	6.3
$5,001-$10,000	7.7	9.1	12.5	0.0	5.9	0.0	6.7	0.0	0.0	2.9	3.8	5.6	5.6	0.0	4.5	10.5	4.0
Over $10,000	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.6	0.0	0.0	0.0	0.0	0.3
Average earnings in the past 12 months ($)[d]	1,596	1,818	1,938	1,000	985	682	1,967	1,171	824	1,162	981	2,111	1,264	919	1,398	2,145	1,287
Length of longest job (%)[e]																	
Less than 1 month	1.8	5.7	0.0	8.5	10.0	7.2	0.0	6.5	6.4	5.2	2.2	0.0	1.5	1.6	11.6	5.6	4.7[a]
1-3 months	26.3	20.0	28.6	27.7	27.5	31.9	23.3	37.0	21.3	22.4	30.4	39.0	37.3	31.7	25.6	13.9	28.4
4-6 months	24.6	25.7	42.9	27.7	17.5	26.1	26.7	37.0	42.6	22.4	19.6	36.6	32.8	28.6	23.3	22.2	28.0
7-12 months	26.3	17.1	14.3	25.5	25.0	20.3	23.3	19.6	25.5	36.2	23.9	9.8	14.9	25.4	20.9	38.9	23.3
More than 12 months	21.1	31.4	14.3	10.6	20.0	14.5	26.7	0.0	4.3	13.8	23.9	14.6	13.4	12.7	18.6	19.4	15.6

(continued)

TABLE 5.1 (continued)

Characteristic	Allentown	Bronx	Chicago Heights	Chula Vista	Denver	Detroit	Harlem	Inglewood	Jacksonville	Lexington	Minneapolis	Philadelphia	Pittsburgh	Portland	Salem	San Jose	Full Sample
Mother employed (%)																	
Yes	57.4	28.6	42.9	47.7	60.0	48.3	44.1	54.5	51.7	65.1	47.6	41.7	41.1	58.9	59.6	66.0	51.1[a]
No	39.3	63.3	42.9	43.1	38.0	41.6	35.3	38.2	36.7	30.2	42.9	52.1	48.6	31.5	32.7	29.8	40.5
Do not know	0.0	0.0	0.0	6.2	2.0	5.6	5.9	3.6	6.7	3.2	4.8	4.2	3.7	6.2	5.8	4.3	4.3
Deceased	3.3	8.2	14.3	3.1	0.0	4.5	14.7	3.6	5.0	1.6	4.8	2.1	6.5	1.4	1.9	0.0	4.1
Father employed (%)																	
Yes	52.5	30.6	50.0	47.7	58.0	39.3	41.2	52.7	33.3	55.6	49.2	37.5	33.6	63.0	57.7	55.3	46.7***
No	19.7	30.6	35.7	18.5	24.0	22.5	20.6	18.2	15.0	20.6	17.5	10.4	32.7	11.0	13.5	19.1	20.4
Do not know	23.0	28.6	7.1	26.2	18.0	27.0	26.5	23.6	40.0	15.9	22.2	37.5	20.6	19.2	15.4	23.4	23.9
Deceased	4.9	10.2	7.1	7.7	0.0	11.2	11.8	5.5	11.7	7.9	11.1	14.6	13.1	6.6	13.5	2.1	9.0
Enrollee receives (%)																	
AFDC																	
Receiving own grant	91.8	89.8	92.9	100.0	86.0	79.8	67.6	96.4	76.7	85.7	100.0	87.5	92.5	93.2	100.0	97.9	90.1[a]
On another's grant	1.6	10.2	0.0	0.0	0.0	15.7	23.5	3.6	18.3	3.2	0.0	8.3	7.5	4.1	0.0	2.1	6.3
Not on AFDC	6.6	0.0	7.1	0.0	14.0	4.5	8.8	0.0	5.0	11.1	0.0	4.2	0.0	2.7	0.0	0.0	3.5
Medicaid	96.7	98.0	100.0	96.9	83.7	93.3	81.8	84.6	88.1	95.2	57.4	87.5	91.3	79.2	96.2	93.6	88.7***
Food stamps	75.4	87.8	85.7	80.0	78.0	85.4	75.8	67.3	78.3	88.9	96.8	79.2	98.1	93.2	94.2	80.9	85.3***
Public housing	30.5	28.6	7.1	1.5	26.0	8.0	38.2	0.0	30.5	54.0	10.0	22.9	48.6	21.9	26.9	2.1	23.7***
Income from a job	0.0	2.0	7.1	0.0	4.0	6.7	2.9	0.0	3.3	4.8	4.9	4.3	4.7	1.4	1.9	0.0	3.0[a]
Other adult in household receives (%)																	
AFDC	10.5	34.7	0.0	28.1	4.0	27.3	24.2	11.5	18.6	11.1	16.7	35.6	11.6	13.6	6.0	19.1	17.7***
Medicaid	17.5	36.7	7.1	26.2	8.0	33.3	38.2	19.6	15.8	11.1	12.8	42.2	14.1	19.7	10.0	20.0	21.0***
Food stamps	14.0	36.7	7.1	17.5	4.0	34.5	27.3	11.5	15.5	14.3	16.7	37.8	12.9	21.2	8.0	17.0	19.0***
Income from a job	47.4	33.3	71.4	47.6	36.0	25.0	43.8	41.2	41.7	50.0	37.0	46.7	20.0	39.7	49.0	78.3	41.6***
Family on AFDC when enrollee was young (%)																	
Never	50.8	18.4	50.0	43.1	64.0	33.7	27.3	41.8	43.1	54.0	27.4	22.9	25.2	37.0	46.2	51.1	38.7***
2 years or less[f]	18.0	4.1	21.4	23.1	26.0	21.3	18.2	20.0	15.5	19.0	17.7	14.6	9.3	23.3	30.8	27.7	18.9
More than 2 years[f]	23.0	30.6	14.3	27.7	6.0	23.6	27.3	32.7	34.5	15.9	30.6	35.4	35.5	30.1	15.4	12.8	25.9
Always	8.2	46.9	14.3	6.2	4.0	21.3	27.3	5.5	6.9	11.1	24.2	27.1	29.9	9.6	7.7	8.5	16.5
Enrollee is JOBS-mandatory (%)	82.3	67.3	57.1	69.2	58.0	74.2	45.5	58.2	73.3	46.0	69.8	77.1	61.7	63.0	61.5	80.9	64.8***

(continued)

TABLE 5.1 (continued)

Characteristic	Allen-town	Bronx	Chicago Heights	Chula Vista	Denver	Detroit	Harlem	Ingle-wood	Jackson-ville	Lexing-ton	Minnea-polis	Phila-delphia	Pitts-burgh	Port-land	Salem	San Jose	Full Sample
Fertility-Related Characteristics																	
Number of pregnancies (%)																	
1	50.8	40.8	64.3	41.5	46.0	47.2	38.2	43.6	41.7	22.6	43.5	39.6	43.0	45.2	40.4	59.6	43.3[a]
2	26.2	28.6	7.1	32.3	36.0	24.7	38.2	34.5	31.7	46.8	21.0	33.3	29.0	35.6	32.7	14.9	30.4
3	13.1	10.2	28.6	21.5	16.0	16.9	11.8	16.4	23.3	22.6	17.7	18.8	20.6	13.7	25.0	19.1	18.2
4	8.2	16.3	0.0	0.0	2.0	6.7	5.9	3.6	1.7	8.1	11.3	6.3	6.5	5.5	1.9	4.3	5.8
5 or more	1.6	4.1	0.0	4.6	0.0	4.5	5.9	1.8	1.7	0.0	6.5	2.1	0.9	0.0	0.0	2.1	2.3
Average number of pregnancies	1.8	2.2	1.6	2.0	1.7	2.0	2.0	1.9	1.9	2.2	2.2	2.0	1.9	1.8	1.9	1.8	1.9
Ever had an abortion (%)	19.7	32.7	14.3	30.8	26.0	22.5	35.3	34.5	8.3	7.9	25.4	14.6	25.2	32.9	13.5	27.7	23.5***
Expects more children (%)	39.3	30.6	21.4	47.7	34.0	27.6	24.2	49.1	23.3	17.5	34.5	43.8	43.9	47.2	42.3	36.2	36.4***
When next child is expected (%)[g]																	
In 1 year or less	0.0	20.0	33.3	0.0	5.9	4.2	12.5	3.7	0.0	0.0	5.0	0.0	10.6	3.0	9.5	0.0	5.1[a]
In 2 years	20.8	20.0	0.0	12.9	11.8	16.7	0.0	11.1	7.1	9.1	25.0	4.8	6.4	18.2	28.6	11.8	13.8
In 3 years	25.0	20.0	0.0	19.4	29.4	16.7	12.5	14.8	35.7	27.3	25.0	19.0	14.9	18.2	23.8	17.6	20.1
In 4 years	12.5	6.7	33.3	12.9	0.0	8.3	25.0	7.4	7.1	9.1	15.0	9.5	17.0	24.2	9.5	11.8	12.6
In 5 years	20.8	26.7	33.3	22.6	23.5	25.0	37.5	18.5	14.3	27.3	15.0	28.6	36.2	27.3	4.8	23.5	24.0
In more than 5 years	20.8	6.7	0.0	32.3	29.4	29.2	12.5	44.4	35.7	27.3	15.0	38.1	14.9	9.1	23.8	35.3	24.3
Average number of years until next child is expected[g]	4.3	3.2	3.3	5.4	4.6	5.5	4.3	5.6	5.5	4.7	3.6	5.4	4.4	4.1	3.7	5.0	4.6**
Current birth control use (%)																	
Using birth control	57.4	53.1	50.0	55.4	62.0	71.9	44.1	49.1	60.0	71.4	74.6	70.8	63.6	69.4	63.5	53.2	62.3***
Not using birth control	14.8	18.4	14.3	10.8	8.0	14.6	23.5	23.6	16.7	6.3	7.9	14.6	13.1	5.6	19.2	8.5	13.2
No partner	21.3	10.2	21.4	15.4	22.0	0.0	5.9	14.5	5.0	9.5	11.1	4.2	15.0	12.5	13.5	21.3	12.1
Not having sex	6.6	18.4	14.3	18.5	8.0	13.5	26.5	12.7	18.3	12.7	6.3	10.4	8.4	12.5	3.8	17.0	12.4
Used birth control during last intercourse (%)	55.7	59.2	57.1	67.7	74.0	75.3	55.9	61.8	76.3	82.5	79.0	75.0	66.0	83.6	67.3	61.7	70.6***

(continued)

TABLE 5.1 (continued)

Characteristic	Allentown	Bronx	Chicago Heights	Chula Vista	Denver	Detroit	Harlem	Inglewood	Jacksonville	Lexington	Minneapolis	Philadelphia	Pittsburgh	Portland	Salem	San Jose	Full Sample
Relations with Child's Father																	
Enrollee speaks with child's father (%)[b]	65.6	67.3	71.4	63.1	44.0	76.4	67.6	67.3	60.0	57.1	65.1	81.3	72.0	64.4	61.5	70.2	66.1**
Frequency with which father sees child (%)[b]																	
Every day	21.3	22.4	35.7	16.9	12.0	23.6	21.2	18.2	26.7	30.6	17.7	25.5	26.0	15.1	9.6	14.9	20.8***
More than once a week	21.3	10.2	7.1	6.2	10.0	31.5	24.2	20.0	20.0	8.1	11.3	23.4	15.4	17.8	15.4	12.8	16.6
Several times a month	14.8	26.5	14.3	23.1	10.0	11.2	21.2	20.0	15.0	24.2	24.2	19.1	26.9	20.5	23.1	23.4	20.2
Once a year or less	13.1	12.2	21.4	13.8	4.0	3.4	9.1	7.3	6.7	6.5	12.9	10.6	8.7	19.2	19.2	14.9	10.7
Never	29.5	26.6	21.4	40.0	64.0	30.3	24.2	34.5	31.7	30.6	33.9	21.3	23.1	27.4	32.7	34.0	31.7
Father or father's family babysits for child (%)[b]	37.7	28.6	57.1	32.3	24.0	57.3	52.9	45.5	51.7	55.6	49.2	58.3	61.7	37.0	38.5	46.8	46.5***
Enrollee has child support order (%)[b]	62.3	12.2	21.4	9.2	8.0	28.1	14.7	10.9	20.0	38.7	25.4	41.7	61.7	38.4	19.2	23.9	30.2***
Prior and Current Service Receipt																	
In education program at enrollment (%)	0.0	0.0	0.0	9.2	2.0	6.8	2.9	3.6	3.3	0.0	4.8	2.1	1.9	6.8	5.8	2.1	3.6[a]
In occupational skills training at enrollment (%)	0.0	0.0	0.0	1.5	2.0	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.0	0.0	0.0	0.4[a]
Ever in occupational skills training (%)	34.4	32.7	7.1	26.2	16.0	21.3	44.1	29.1	28.3	12.7	15.9	35.4	26.0	16.7	19.2	12.8	24.0***
Services received in the 60 days before enrollment (%)																	
Health care for child	83.6	87.8	64.3	90.8	89.6	89.9	85.3	76.4	70.2	88.9	74.6	87.5	93.5	80.8	80.8	87.2	84.6***
Family planning	36.1	28.6	35.7	15.4	20.8	21.3	35.3	18.2	40.4	17.5	4.8	37.5	23.4	12.3	19.2	21.3	22.8***
Mental health	1.6	2.0	7.1	3.1	6.3	1.1	2.9	0.0	1.8	1.6	3.2	4.2	2.8	2.7	1.9	2.1	2.5[a]
Health care for self	68.9	59.2	35.7	64.6	58.3	75.3	55.9	47.3	42.1	50.8	41.3	58.3	79.4	65.8	61.5	53.2	60.3***
Parenting	13.1	8.2	0.0	4.6	8.3	5.6	20.6	10.9	12.3	9.5	11.1	18.8	3.7	11.0	13.5	17.0	10.1*
Life skills	6.6	2.0	0.0	4.6	2.1	1.1	14.7	1.8	3.5	3.2	1.6	2.1	0.0	2.7	3.8	2.1	2.9[a]
Counseling	6.6	2.0	0.0	3.1	0.0	1.1	11.8	3.6	7.0	0.0	1.6	2.1	0.0	1.4	3.8	19.1	3.5[a]
Other services	62.3	2.0	0.0	3.1	16.7	2.2	14.7	3.6	5.3	0.0	4.8	0.0	39.3	1.4	5.8	2.1	12.0***
No services	5.0	8.2	28.6	1.5	6.3	3.4	11.8	18.2	14.0	7.9	23.8	8.3	3.7	9.6	9.6	0.0	8.7[a]

(continued)

TABLE 5.1 (continued)

Characteristic	Allen-town	Bronx	Chicago Heights	Chula Vista	Denver	Detroit	Harlem	Inglewood	Jackson-ville	Lexing-ton	Minnea-polis	Phila-delphia	Pitts-burgh	Port-land	Salem	San Jose	Full Sample
Has regular child care (%)	47.5	61.2	64.3	41.5	34.0	66.3	70.6	30.9	41.7	17.5	52.4	72.9	17.1	49.3	51.0	26.1	44.1***
Ever enrolled in a program similar to New Chance (%)	21.7	14.3	42.9	27.7	30.0	33.7	17.6	36.4	43.3	36.5	45.2	39.6	14.0	43.8	42.3	19.1	31.1***
Psychosocial Characteristics																	
CES-D depression score (%)[h]																	
0-15	41.4	41.0	35.7	57.6	56.3	46.9	45.5	58.3	42.3	58.1	45.9	46.3	53.8	57.1	26.5	53.3	49.1**
16-23	27.6	17.9	14.3	23.7	16.7	22.2	33.3	16.7	15.4	21.0	27.9	19.5	29.0	17.1	26.6	20.0	22.5
24-60	31.0	41.0	50.0	18.6	27.1	30.9	21.2	25.0	42.3	21.0	26.2	34.1	17.2	25.7	44.9	26.7	28.4
Average CES-D depression score[h]	18.3	20.5	19.8	15.6	16.1	18.4	16.3	16.6	20.9	17.3	18.7	17.5	15.8	16.8	22.8	17.0	17.8**
Average self-esteem score[i]	37.0	37.0	38.2	38.0	39.0	39.0	39.0	39.2	37.7	37.3	40.4	38.7	39.5	38.6	34.8	38.1	38.3***
Average Locus of Control score[j]	21.7	21.1	23.3	22.4	22.8	21.4	22.0	22.5	21.8	21.8	22.8	22.3	21.7	22.7	21.8	21.8	22.0*
Received emotional support from (%)																	
Mother	50.8	51.0	50.0	63.1	62.0	58.4	78.8	49.1	69.0	57.1	66.7	58.3	67.3	67.1	55.8	31.9	59.4***
Grandmother	14.8	30.6	0.0	21.5	14.0	46.1	54.5	23.6	39.7	15.9	28.6	31.3	43.0	24.7	32.7	8.5	28.9***
Female relative	24.6	32.7	35.7	27.7	34.0	34.8	78.8	29.1	27.6	22.2	27.0	25.0	41.1	38.4	36.5	23.4	32.9***
Female friend	42.6	49.0	35.7	44.6	40.0	55.1	72.7	36.4	46.6	49.2	54.0	35.4	47.7	63.0	57.7	46.8	49.1**
Father	14.8	12.2	7.1	13.8	24.0	15.7	45.5	14.5	13.8	6.3	12.7	8.3	15.0	20.8	21.2	8.5	15.6***
Male relative	4.9	14.3	0.0	12.3	8.0	6.7	63.6	16.4	27.6	11.1	6.3	4.2	21.5	13.9	15.4	4.3	14.0***
Partner	19.7	14.3	0.0	15.4	10.0	16.9	63.6	12.7	24.1	14.3	27.0	20.8	17.8	28.8	38.5	4.3	20.4***
Child's father[b]	27.9	26.5	28.6	21.5	18.0	39.3	72.7	23.6	39.7	28.6	27.0	25.0	35.5	31.5	32.7	10.6	30.4***
Male friend	9.8	18.4	7.1	15.4	20.0	27.0	66.7	25.5	25.9	19.4	22.2	6.3	25.2	37.0	26.9	21.3	23.5***
Counselor	6.6	16.3	0.0	6.2	4.0	4.5	30.3	9.1	3.4	1.6	6.3	2.1	4.7	9.6	3.8	4.3	6.6[a]
Other	8.2	0.0	7.1	3.1	6.0	1.1	6.1	3.6	6.9	1.6	7.9	8.3	0.9	8.2	0.0	4.3	4.2[a]
No support	6.6	4.1	0.0	1.5	0.0	1.1	5.9	12.7	13.3	7.9	1.6	8.3	0.9	0.0	3.8	2.1	4.2[a]
Average number of sources of emotional support	2.2	2.7	1.7	2.4	2.4	3.1	6.1	2.4	3.1	2.3	2.9	2.3	3.2	3.4	3.2	1.7	2.8***

(continued)

TABLE 5.1 (continued)

Characteristic	Allen-town	Bronx	Chicago Heights	Chula Vista	Denver	Detroit	Harlem	Ingle-wood	Jackson-ville	Lexing-ton	Minnea-polis	Phila-delphia	Pitts-burgh	Port-land	Salem	San Jose	Full Sample
Level of satisfaction with emotional support (%)																	
1 (very dissatisfied)	4.9	4.1	0.0	3.1	0.0	1.2	11.8	9.1	7.0	11.1	1.6	2.1	3.7	2.8	1.9	2.1	4.1[a]
2	6.6	2.0	0.0	1.6	4.3	2.4	2.9	7.3	7.0	3.2	3.3	2.1	1.9	6.9	5.8	4.3	3.9
3	11.5	18.4	14.3	20.3	10.6	12.9	11.8	16.4	26.3	12.7	16.4	25.0	13.1	30.6	28.8	14.9	17.8
4	19.7	18.4	35.7	25.0	29.8	17.6	32.4	29.1	19.3	20.6	41.0	33.3	19.6	33.3	36.5	21.3	25.9
5 (very satisfied)	57.4	57.1	50.0	50.0	55.3	65.9	41.2	38.2	40.4	52.4	37.7	37.5	61.7	26.4	26.9	57.4	48.3
Average level of satisfaction with emotional support	4.2	4.2	4.4	4.2	4.4	4.4	3.9	3.8	3.8	4.0	4.1	4.0	4.3	3.7	3.8	4.3	4.1***
Other																	
Enrollee has home telephone (%)	83.6	79.6	85.7	87.7	86.0	96.6	67.6	100.0	78.3	61.9	85.7	87.5	98.1	83.6	71.2	89.4	85.3***
Enrollee has driver's license (%)	16.4	4.1	42.9	40.0	48.0	30.3	2.9	18.2	53.3	25.4	14.3	2.1	0.9	31.5	78.8	27.7	26.0***
Sample size	61	49	14	65	50	89	34	55	60	63	63	48	107	73	52	47	930

SOURCE: MDRC calculations from New Chance MIS data.

NOTES: The sample includes 930 young women who enrolled in New Chance from August 1989 through December 1990.
Distributions may not total 100.0 percent because of rounding.
A Pearson chi-square statistic was used to test the hypothesis of equal distributions, or an F-test was used to test the hypothesis of equal means across sites. Statistical significance levels are indicated as *** = 1 percent; ** = 5 percent; * = 10 percent.
[a]A chi-square test was inappropriate because of low expected cell frequencies.
[b]When an enrollee had more than one child, her response refers to her first child.
[c]Includes only those enrollees who knew the educational attainment of both parents.
[d]Includes only those enrollees who were employed during the twelve months preceding random assignment.
[e]Includes only those enrollees who ever had a job preceding random assignment.
[f]The family's AFDC receipt may not have been continuous.
[g]Includes only those enrollees who expected to have more children.
[h]Scores on the CES-D Scale can range from zero to 60. Scores of 16 or over are generally considered to place the respondent at risk for a clinical diagnosis of depression, and scores of 24 or over are considered indicative of high risk for such a diagnosis.
[i]Scores can range from 10 to 50; 30 is considered the neutral midpoint.
[j]Scores can range from 6 to 30; 18 is considered the neutral midpoint.

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whole.[2] (Site differences are discussed in the next section.) The table indicates that, despite the existence of the 25 percent eligibility "window," the vast majority of young women met all the principal eligibility criteria. Ninety-six percent were receiving AFDC when they entered the program (almost all as heads of their own cases), and 93 percent had neither a high school diploma nor a GED.

1. **Demographic characteristics.** Enrollees ranged in age from 16 to 22 years old upon program entry;[3] 50 percent were 18 or 19 years old, and the average age – 18.8 years – reflects this. The ethnic composition of the group is also mixed: about 55 percent black, 24 percent white, and 19 percent Hispanic (with the last group encompassing women of Mexican-American, Puerto Rican, and other Hispanic descent).

The large majority (92 percent) of the enrollees had never been married, and of the small number who had been, fewer than one-quarter (under 2 percent of the entire sample) were living with their spouses at enrollment. Just over one-third of the women were living with their mothers at program entry, and 11 percent said they lived with a spouse or (more commonly) a partner. About one-third lived in households with no other adult present. Just under two-thirds of the enrollees (65 percent) had only one child. The majority were 16 to 18 years old when they first gave birth. Over half (55 percent) had a child who was younger than one year old.

2. **Education-related characteristics.** The relatively low educational attainment levels of New Chance enrollees were not necessarily caused by early motherhood: 38 percent of all sample members dropped out of school *before* becoming pregnant, and 40 percent had to repeat a grade. While on average sample members had completed 9.9 years of schooling, this figure conceals a good deal of variation: About one-third of the group completed the eleventh grade or higher, while about one in seven left school before finishing the ninth grade. Reading levels tended to be lower than grade-level attainment but also varied considerably: One-third of the enrollees read at the sixth-grade level or lower, while just over one-quarter read at the tenth-grade level or higher.

Fifty-two percent of the young women reported that their mothers had a high school diploma or GED, and 25 percent of the enrollees' mothers had attended college. (This may have included proprietary schools that termed themselves "colleges.") While respondents were less knowledgeable about their fathers, 43 percent said their father had a high school diploma or GED, and 16 percent said he had attended college.

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[2]Random assignment ensures that experimentals and controls will have substantially similar characteristics and that any differences between the two groups will themselves be randomly distributed. Analysis of the New Chance data indicates that this is indeed the case.

Initial analyses also suggest that the characteristics of the early program entrants discussed in this report are similar to those of later enrollees.

[3]As noted in Chapter 4, the initial eligibility criteria were subsequently expanded to include 16- and 22-year-olds. Three 16-year-olds and three 22-year-olds (together, .6 percent of the enrollee sample) were enrolled in New Chance through December 1990.

Despite their low educational attainment and the fact that the average enrollee had been out of school for more than two years, the young women expressed a strong desire to continue their education. The majority wanted some kind of post-secondary education, and over one-third said they hoped to attain a college diploma or a graduate degree. Their aspirations for their children's education were equally high.

3. **Employment- and welfare-related characteristics.** A large majority – 91 percent – of the young women had worked at some time in the past, but their employment experience generally was not very sustained. Sixty-one percent of those who had worked had never worked at a job that lasted longer than six months. Furthermore, 57 percent of all sample members had not been employed in the 12 months before program entry, and of those who had worked, the majority earned less than $1,000 during this period. Only 3 percent were employed upon enrollment in New Chance. Fifty-one percent reported that their mothers were working when they entered the program, and 47 percent reported that their fathers were employed.

Almost two-thirds (65 percent) of the sample met the federal criteria for required participation in JOBS (i.e., they held "nonexempt" status, in JOBS parlance) by virtue of being high school dropouts younger than 20 years old (or, for the small proportion who were 21 years old or older, with a youngest child aged three years or older). Sixty-one percent of the enrollees had grown up in families that received welfare for some time when they were young, although only 17 percent of the young women reported that their families had always been on welfare.

4. **Fertility-related characteristics.** While 65 percent of the enrollees had only one child upon program enrollment, 57 percent had been pregnant more than once. Just under one-quarter (24 percent) acknowledged having had an abortion. Almost half (48 percent) of the young women did not expect to have another child, although 16 percent were undecided. Although half of the young women who did anticipate having another child said they wanted to wait at least four years, it is also striking that over a sixth (19 percent) of those who said they expected another child anticipated having one within two years.

About one-quarter of the young women reported that they were not sexually active, either because they had no partner or had a partner but were not having sex. Among the women who were sexually active, the majority reported using birth control, but about one-sixth said they were not practicing contraception.

5. **Relations with the child's father.** Two-thirds of the young women were still in contact with the father of their child.[4] Over half (58 percent) reported that the fathers saw their children at least several times a month, with 21 percent indicating that they saw their children daily, and 47 percent noted that the father or his family sometimes babysat for the child. However, only 30 percent of the young women in the sample had a formal child support order.

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[4]If the participant had more than one child, the question was asked about the father of her first child.

6. **Receipt of other services.** The young women were asked about services they had received in the 60 days prior to enrollment. Health care services were by far the most commonly utilized: 85 percent had obtained pediatric care for their children, 60 percent had received medical care for themselves, and just under one-quarter (23 percent) had received family planning services. Forty-four percent said they had a regular provider of child care for times when they could not care for their children themselves. Receipt of other services was much less frequent, with 10 percent or fewer reporting receipt of mental health services or counseling, parenting instruction, or life skills training. Only 4 percent were already in an education program at the time they enrolled in New Chance, and less than 1 percent were in occupational skills training. However, almost one-quarter (24 percent) had received skills training at some time in the past, and about one-third (31 percent) had previously enrolled in a program for young mothers.

7. **Emotional well-being and social support.** As part of the intake process, measures of depression, self-esteem, and social support were administered to learn how the young women felt about various aspects of their lives. The index of depression chosen was the Center for Epidemiological Studies Depression Scale (CES-D), a widely used and respected scale for use with a general population. Scores on the scale can range from a low of zero to a high of 60, with scores of 16 or over generally considered to place the respondent at risk for a clinical diagnosis of depression, and scores of 24 or over considered indicative of high risk for such a diagnosis.[5]

Table 5.1 suggests that depression was prevalent among program enrollees. Fully half of the young women registered scores indicative of depression, and over one-quarter of the young women (28 percent) had scores indicating that they were highly depressed. Since depression is often manifested as lack of enthusiasm, inertia, and easy discouragement, the high level of depression in the enrollee sample needs to be borne in mind when considering the data on program participation presented in Chapter 7.

Interestingly, while as a group the young women scored high on depression, they did not exhibit particularly low self-esteem. The measure of self-esteem used was the Rosenberg Self-Esteem Scale, which assesses a person's global sense of self-worth – i.e., her sense that she is a worthy and adequate person, as good as most others.[6] Sample members' average score on this scale was 38, well above the neutral midpoint of 30. (Scores could range from 10 to 50.) Two factors may help to explain this fairly high score. First, the reference group of the young women – the "most others" against whom they compare themselves – is likely to be made up of people similar to themselves. Second, the young women may feel quite adequate in some domains of their lives (although less so in others), and this is reflected in a global measure.

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[5]The CES-D consists of 20 simply worded questions that ask about the frequency of depressive symptoms during the preceding week (e.g., "I had crying spells" and "I thought my life had been a failure"). Each question is rated on a four-point scale of frequency from zero (the symptom occurred on less than one day in the previous week) to 3 (the symptom occurred on five to seven days). The CES-D has been used in several studies of low-income women and adolescents.

[6]The ten-item scale asks respondents how strongly they agree or disagree with such statements as "I feel that I have a number of good qualities," "All in all, I am inclined to feel that I am a failure," and "I take a positive attitude toward myself."

Enrollees' scores on the Locus of Control scale did not indicate that they felt especially powerless, or that they believed that outside forces (or just plain luck) were more important than their own efforts in shaping the course of their lives.[7] The average score on this scale was 22, well above the neutral midpoint of 18 and also above the average score for a large national sample of adults, which was just under 20 (Lumpkin, 1985).

Enrollees were also asked about their sources of four types of support: emotional ("people who listen to you, reassure you, and show you they care"), informational ("people you can get useful advice or information from"), financial assistance ("people who give you or lend you money to help you get by"), and goods and services ("people who help you with concrete things – baby supplies, clothes, babysitting, rides, chores"). Responses to questions about one type of support were generally highly correlated with responses about the other types; for this reason, only emotional support is shown in Table 5.1.[8] The table indicates that almost all enrollees (96 percent) felt they had some kind of emotional support; 59 percent felt they received such support from their mothers, 49 percent from female friends, and about 30 percent each from grandmothers, other female relatives, or the fathers of their children. More than 90 percent of the enrollees indicated a moderate to high degree of satisfaction with the emotional support they received.

These aggregate data suggest that, as a group, New Chance enrollees needed the comprehensive services the program offers. Further analyses point to considerable variation within this generally disadvantaged group and suggest that some stood a much better chance than others of passing the GED test relatively quickly and otherwise making good progress in the program. Nine percent of the enrollees, for example, shared three characteristics that placed them at an advantage in this regard: They had reading scores at the tenth-grade level or higher, had only one child, and were not at all depressed. On the other hand, about 3 percent registered responses on these measures that suggested their progress through the program might be slow and arduous: They read at or below the sixth-grade level, had at least two children, and had scores indicative of a high level of depression.

B. Differences Among Key Subgroups

By design, the New Chance target group is quite homogeneous – enrollees are similar with regard to sex, age, childbearing status, educational attainment, and economic status. Within this relatively uniform population, however, it is possible to distinguish participants along several key variables. Three of these – site, age, and ethnicity – are considered here.

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[7]The scale used is an adaptation of the longer scale originally developed by Julian Rotter (1966). The adapted measure consists of six statements with which enrollees indicated their level of agreement/disagreement on a five-point scale. Examples of these statements include: "Getting a good job depends mainly on being in the right place at the right time" and "Many times I feel that I have little influence over the things that happen to me."

[8]The principal exception was that enrollees reported receiving more financial support than support of other types from their own fathers.

1. **Site**. As expected, there are striking differences among enrollees at the different sites. Some of these are attributable to the site-specific entry criteria discussed in Chapter 4, such as AFDC receipt and reading level. (Thus, for example, all Minneapolis entrants read at the sixth-grade level or better because this was a site enrollment requirement.) Others reflect the characteristics of the catchment area: For example, the large majority of enrollees at the Harlem site are black, while five out of six enrollees at the Salem site are white. At Salem, too, 79 percent of the enrollees had a driver's license; at Harlem, Philadelphia, and Pittsburgh, fewer than 3 percent did. In some instances, too, differences by site in enrollees' age or ethnicity were associated with differences in other characteristics, as discussed below. For example, over half the young mothers at Lexington were age 20 or older. The Lexington mothers also had the greatest number of children.

In considering variations in site operations and outcomes, these differences in the characteristics of enrollees at the various locations must be kept in mind. Bronx enrollees, for example, had the lowest average reading scores in the demonstration and had been out of school the longest; they were also the most likely to have grown up on welfare, with 47 percent having been raised in families that received AFDC throughout their childhoods. The Jacksonville program also served young women whose educational disadvantage was more marked than average: 63 percent had repeated a grade, and on average, they had completed fewer years of school than young women at other sites. Enrollees' average reading levels were higher in Salem, but so too were their scores on the depression scale. Differences such as these suggest that the sites faced very different challenges in serving and retaining participants.

2. **Age**. Within the fairly narrow age range targeted by the program, there were notable differences between younger and older enrollees, as Table 5.2 makes clear. (The table presents variables for which differences among enrollees in different age categories were statistically significant, i.e., unlikely to have arisen by chance.[9]) Compared to younger enrollees, program entrants who were 20 to 22 were considerably more likely ever to have married; they were also more likely to have more than one child (as well as to report having had an abortion), but less likely to have regular child care. They were less likely to live with their mothers and more likely to be living on their own without another adult present. Older enrollees had completed more schooling and had higher educational aspirations, but had been out of school longer than their younger counterparts. They had also held more jobs, and almost one-third had received skills training at some point. Almost all the older entrants were receiving AFDC on their own grant.

In contrast to older enrollees, those who were 16 or 17 years old at intake were youngest when they first gave birth (16.4 years old, on average) and also had the youngest children (71 percent reported that their youngest child was less than a year old). They had the lowest reading level and were more likely to have repeated a grade. They expressed less interest in

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[9]Numerical estimates of human behavior are always subject to elements of chance and uncertainty. Statistical tests are conducted to ascertain the probability that apparent differences between groups reflect actual differences and are not simply the result of chance. In the tables of this report, asterisks indicate whether differences between groups are statistically significant at the 1, 5, or 10 percent levels. Each of these significance levels indicates that there is only a 1 in 100, 1 in 20, or 1 in 10 chance that a given difference would have arisen by chance.

TABLE 5.2

SELECTED CHARACTERISTICS OF NEW CHANCE ENROLLEES, BY AGE

Characteristic	Ages 16-17	Ages 18-19	Ages 20-22	Full Sample
Demographic Characteristics				
Ever married (%)				
Yes	3.7	6.0	13.9	8.1***
No	96.3	94.0	86.1	91.9
Number of children (%)				
1	79.4	70.2	47.7	64.6***
2	17.6	23.3	36.9	26.7
3	2.4	6.0	11.7	7.2
4 or more	0.6	0.4	3.7	1.5
Average number of children	1.2	1.4	1.7	1.5***
Age of youngest child in years(%)				
Under 1	70.7	56.7	42.3	54.5***
1	23.2	28.3	29.5	27.8
2	4.9	11.4	15.1	11.4
3 or older	1.2	3.6	13.1	6.3
Average age of youngest child (years)	0.8	1.1	1.5	1.2***
Average age at first child's birth (years)	16.4	17.4	17.8	17.3***
Enrollee living with (%)				
Mother	40.2	37.4	24.6	33.8***
No other adult	17.0	32.8	45.0	33.9***
Education Characteristics				
Highest grade level completed (%)				
7th or below	4.2	3.6	1.7	3.1***
8th	14.5	10.1	7.7	10.1
9th	35.2	23.3	16.4	23.2
10th	32.1	28.1	29.5	29.2
11th	12.7	29.1	35.2	28.2
12th	1.2	5.8	9.4	6.1
Average highest grade level completed	9.4	9.9	10.2	9.9***
Received high school diploma or GED (%)	1.8	7.5	10.4	7.4***
Left school before first pregnancy (%)	26.7	40.5	40.1	37.9***
Average number of years since last attended school	1.4	2.2	3.5	2.5***
Ever repeated a grade (%)	46.3	41.3	34.7	40.1**

(continued)

TABLE 5.2 (continued)

Characteristic	Ages 16-17	Ages 18-19	Ages 20-22	Full Sample
Average reading grade level	7.8	8.6	8.2	8.4*
Desired educational attainment (%)				
High school diploma or GED	38.8	32.0	32.4	33.3***
Some college	27.3	34.5	26.0	30.5
College degree	19.4	18.5	28.7	21.9
Graduate degree	13.3	10.5	10.5	11.0
Other	1.2	4.5	2.4	3.2
Employment- and Welfare-Related Characteristics				
Number of jobs ever held (%)				
0	15.4	8.3	6.7	8.8***
1	31.7	21.3	15.9	21.1
2	26.8	18.0	16.3	18.8
3	13.8	16.8	18.9	17.0
4 or more	12.2	35.8	42.2	34.3
Average number of jobs ever held	1.9	3.0	3.5	3.0***
Length of longest job (%)[a]				
Less than 1 month	6.4	4.5	4.3	4.7***
1-3 months	37.6	30.4	21.6	28.4
4-6 months	32.1	28.0	26.3	28.0
7-12 months	15.6	22.9	27.1	23.3
More than 12 months	8.3	14.1	20.8	15.6
Mother employed (%)				
Yes	39.4	52.9	54.7	51.1***
No	48.5	40.7	35.9	40.5
Do not know	6.7	3.9	3.7	4.3
Deceased	5.5	2.6	5.7	4.1
Father employed (%)				
Yes	43.6	50.5	42.3	46.7***
No	21.2	17.3	24.8	20.4
Do not know	30.3	23.1	21.5	23.9
Deceased	4.8	9.0	11.4	9.0
Enrollee receives own AFDC grant (%)	69.1	93.6	96.3	90.1***
Fertility-Related Characteristics				
Number of pregnancies (%)				
1	62.4	48.8	24.0	43.3***
2	29.7	29.6	32.1	30.4
3	6.7	16.7	27.0	18.2
4	1.2	3.4	12.2	5.8
5 or more	0.0	1.5	4.7	2.3

(continued)

TABLE 5.2 (continued)

Characteristic	Ages 16-17	Ages 18-19	Ages 20-22	Full Sample
Average number of pregnancies	1.5	1.8	2.4	1.9***
Ever had an abortion (%)	13.3	20.8	33.6	23.5***
Expects more children (%)	31.5	40.5	32.7	36.4**
When next child is expected (%)[b]				
In 1 year or less	2.0	3.2	10.5	5.1**
In 2 years	13.7	12.8	15.8	13.8
In 3 years	11.8	23.0	18.9	20.1
In 4 years	17.6	8.6	17.9	12.6
In 5 years	27.5	24.6	21.1	24.0
In more than 5 years	27.5	27.8	15.8	24.3
Average number of years until next child is expected[b]	5.4	4.8	3.8	4.6***
Prior and Current Service Receipt				
In education program at enrollment (%)	7.9	3.2	1.7	3.6***
Ever in occupational skills training (%)	12.1	23.0	32.2	24.0***
Has regular child care (%)	52.1	44.6	38.7	44.1**
Ever enrolled in a program similar to New Chance (%)	38.2	32.2	25.6	31.1**
Psychosocial Characteristics				
Received emotional support from (%)				
Father	14.8	18.7	11.1	15.6**
Child's father[c]	38.7	31.3	24.5	30.4***
Sample size	165	467	298	930

SOURCE: MDRC calculations from New Chance MIS data.

NOTES: The sample includes 930 young women who enrolled in New Chance from August 1989 through December 1990.

Distributions may not total 100.0 percent because of rounding.

A Pearson chi-square statistic was used to test the hypothesis of equal distributions, or an F-test was used to test the hypothesis of equal means across age categories. Statistical significance levels are indicated as *** = 1 percent; ** = 5 percent; * = 10 percent.

[a]Includes only those enrollees who ever had a job preceding random assignment.

[b]Includes only those enrollees who expected to have more children.

[c]When an enrollee had more than one child, her response refers to her first child.

having another child and, on average, wanted to wait five years before doing so. They were also more likely to have participated in a program for teenage mothers before joining New Chance.

3. **Ethnicity**. As noted earlier, the New Chance sites were selected in part to ensure ethnic diversity among program enrollees. Table 5.3 shows that ethnicity was itself associated with differences in other characteristics. The young mothers who were black, for example, were much less likely to have married than those who were white or Hispanic.[10] They also began childbearing at a somewhat earlier age, and had slightly more children on average. Black young women had completed more years of schooling, were less likely to have dropped out before becoming pregnant, and had higher educational aspirations than the others; they were also more likely to report that their mothers had received a high school diploma or GED certificate.

The Hispanic young mothers in the sample were the most likely to be living in a household where their father was present. Their parents generally registered the least educational attainment. The enrollees were least likely to expect more children and to report being sexually active at enrollment; they were also the least likely to have used birth control the last time they had intercourse. Hispanic young mothers were the least likely ever to have previously enrolled in programs for young mothers.

White mothers in the sample were the most likely to have married and the most likely to be living with a spouse or partner (usually the latter) at intake. Their educational attainment was the lowest: They had completed the fewest years of schooling, were the most likely to have dropped out, and were the most likely to have dropped out before their first pregnancy. Nonetheless, their reading scores were significantly higher than those of women in the other groups. White enrollees were also the most likely to have worked in the past, and to report that their parents were employed. They were more likely to expect additional children, and within a shorter stretch of time, than women in the other two groups. They registered the highest depression scores, the lowest self-esteem scores, and the least satisfaction with the emotional support they were receiving.

C. Comparisons with Young Mothers in Other Programs

It is instructive to compare the characteristics of New Chance enrollees with those of young mothers studied in other research and demonstration programs.[11] The LEAP program and Teenage Parent Demonstration, respectively, aim to reach all teenage mothers and pregnant teens on welfare who lack a high school diploma or its equivalent, and all teenagers receiving AFDC for the first time as mothers. New Chance, in contrast, is directed toward a specific, highly disadvantaged subgroup of young mothers receiving AFDC. Moreover, both the

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[10]The "Hispanic" category encompasses young women of Puerto Rican, Mexican, and other Latin American backgrounds. Although differences among these groups have been well documented in previous studies (e.g., Darabi and Ortiz, 1987), a single grouping is used here because each Hispanic subgroup is too small by itself to permit meaningful statistical comparisons.

[11]Because minimal information is available on participants in the Wisconsin Learnfare program (80 percent of whom are not parents), they are not considered here.

TABLE 5.3

SELECTED CHARACTERISTICS OF NEW CHANCE ENROLLEES, BY ETHNICITY

Characteristic	White, Non-Hispanic	Black, Non-Hispanic	Hispanic	Full Sample
Demographic Characteristics				
Ever married (%)				
Yes	15.2	3.8	12.3	8.3***
No	84.8	96.2	87.7	91.7
Number of children (%)				
1	67.3	62.1	66.7	64.2**
2	26.9	26.5	28.3	27.0
3	5.4	9.1	5.0	7.4
4 or more	0.4	2.4	0.0	1.4
Average number of children	1.4	1.5	1.4	1.5**
Average age at first child's birth (years)	17.6	17.1	17.5	17.3***
Enrollee living with (%)				
Father	11.4	4.0	15.6	8.1***
Spouse or partner	18.2	7.9	9.5	10.7***
Education Characteristics				
Highest grade level completed (%)				
7th or below	5.8	1.4	4.4	3.1***
8th	18.8	5.9	9.4	9.8
9th	28.3	21.5	21.7	23.2
10th	26.0	29.1	33.9	29.3
11th	19.3	34.4	23.3	28.5
12th	1.8	7.7	7.2	6.2
Average highest grade level completed	9.4	10.1	9.8	9.9***
Left school before first pregnancy (%)	56.1	25.3	48.3	37.4***
Average number of years since last attended school	2.8	2.2	2.7	2.5***
Reading grade level (%)				
4th or below	10.8	12.9	16.1	13.0***
5th	9.9	9.3	7.8	9.1
6th	5.8	14.3	11.7	11.7
7th	7.2	13.5	16.1	12.4
8th	11.2	17.0	13.9	15.0
9th	13.9	12.9	10.6	12.7
10th or above	41.3	20.2	23.9	26.1
Average reading grade level	9.5	7.9	8.0	8.3***

(continued)

TABLE 5.3 (continued)

Characteristic	White, Non-Hispanic	Black, Non-Hispanic	Hispanic	Full Sample
Ever dropped out of school (%)	96.0	84.6	90.5	88.5***
Desired educational attainment (%)				
High school diploma or GED	35.4	33.2	32.8	33.7***
Some college	35.0	25.8	37.8	30.5
College degree	17.5	25.2	17.8	21.9
Graduate degree	6.7	12.9	10.6	10.9
Other	5.4	2.8	1.1	3.1
Maternal educational attainment (%)				
High school diploma or GED				
Yes	54.3	57.5	35.0	52.3***
No	31.4	28.5	54.4	34.3
Do not know	14.3	14.0	10.6	13.4
Attended college				
Yes	27.8	27.9	13.9	25.1***
No	63.2	57.7	81.1	63.7
Do not know	9.0	14.4	5.0	11.2
Paternal educational attainment (%)				
High school diploma or GED				
Yes	43.9	45.7	31.1	42.4***
No	20.2	17.4	36.7	21.9
Do not know	35.9	37.0	32.2	35.8
Attended college				
Yes	18.8	14.5	16.1	15.9***
No	52.9	43.8	58.9	49.0
Do not know	28.3	41.8	25.0	35.1
Employment- and Welfare-Related Characteristics				
Number of jobs ever held (%)				
0	5.1	9.6	11.4	8.9***
1	17.9	24.2	15.8	20.9
2	15.3	21.6	15.8	18.9
3	18.9	15.5	19.6	17.2
4 or more	42.9	28.9	37.3	34.1
Average number of jobs ever held	3.6	2.7	2.9	3.0***
Length of longest job (%)[a]				
Less than 1 month	6.8	3.5	4.3	4.5***
1-3 months	20.9	34.4	22.7	28.6
4-6 months	26.2	30.1	24.8	28.1
7-12 months	28.3	20.3	24.8	23.2
More than 12 months	17.8	11.6	23.4	15.5

(continued)

TABLE 5.3 (continued)

Characteristic	White, Non-Hispanic	Black, Non-Hispanic	Hispanic	Full Sample
Mother employed (%)				
Yes	62.3	46.8	47.2	50.7***
No	29.6	43.7	46.1	40.7
Do not know	4.9	4.7	2.8	4.4
Deceased	3.1	4.7	3.9	4.2
Father employed (%)				
Yes	57.0	40.9	48.9	46.4***
No	14.8	22.1	21.7	20.2
Do not know	21.1	25.9	23.3	24.2
Deceased	7.2	11.1	6.1	9.1
Family on AFDC when enrollee was young (%)				
Never	51.1	30.2	45.6	38.3***
2 years or less[b]	21.7	16.7	21.1	18.8
More than 2 years[b]	19.0	32.5	17.8	26.3
Always	8.1	20.6	15.6	16.6
Fertility-Related Characteristics				
Expects more children (%)	48.2	34.1	29.6	36.7***
Average number of years until next child is expected[c]	4.0	4.9	4.9	4.6**
Current birth control use (%)				
Using birth control	68.5	65.6	47.8	62.8***
Not using birth control	10.4	14.4	13.9	13.3
No partner	12.6	6.9	24.4	11.8
Not having sex	8.6	13.0	13.9	12.1
Used birth control during last intercourse (%)	73.5	72.6	60.0	70.3***
Prior and Current Service Receipt				
Ever in occupational skills training (%)	17.0	26.5	25.0	23.9**
Ever enrolled in a program similar to New Chance (%)	31.4	33.7	22.8	31.0**
Psychosocial Characteristics				
Average CES-D depression score[d]	19.2	17.3	17.5	17.8*
Average self-esteem score[e]	36.8	39.3	37.5	38.3***

(continued)

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TABLE 5.3 (continued)

Characteristic	White, Non-Hispanic	Black, Non-Hispanic	Hispanic	Full Sample
Level of satisfaction with emotional support (%)				
1 (very dissatisfied)	4.5	3.6	4.5	4.0**
2	4.5	3.2	5.1	3.9
3	23.0	17.2	14.6	18.1
4	30.6	24.4	21.3	25.4
5 (very satisfied)	37.4	51.5	54.5	48.6
Sample size	223	506	180	909

SOURCE: MDRC calculations from New Chance MIS data.

NOTES: The sample excludes those enrollees who are not white, black, or Hispanic; therefore, the total sample varies from that in Table 5.1. The sample includes 909 young women who enrolled in New Chance from August 1989 through December 1990.

Distributions may not total 100.0 percent because of rounding.

A Pearson chi-square statistic was used to test the hypothesis of equal distributions, or an F-test was used to test the hypothesis of equal means across ethnic categories. Statistical significance levels are indicated as *** = 1 percent; ** = 5 percent; * = 10 percent.

[a]Includes only those enrollees who ever had a job preceding random assignment.

[b]The family's AFDC receipt may not have been continuous.

[c]Includes only those enrollees who expected to have more children.

[d]Scores on the CES-D Scale can range from zero to 60. Scores of 16 or over are generally considered to place the respondent at risk for a clinical diagnosis of depression, and scores of 24 or over are considered indicative of high risk for such a diagnosis.

[e]Scores can range from 10 to 50; 30 is considered the neutral midpoint.

Teenage Parent Demonstration and LEAP are directed toward mothers 19 years old and younger, and the former is aimed at mothers of only one child. It is not surprising, therefore, that New Chance enrollees were older and had more children than those in either the Teenage Parent Demonstration or LEAP. In contrast to the Teenage Parent Demonstration, which operates in central-city locations and over three-quarters of whose enrollees are black, New Chance includes a substantial proportion of white teens.

Since New Chance is primarily a voluntary program, one might assume that, as a group, enrollees are more motivated at the outset than are out-of-school youths in the other initiatives. In this regard, it is worth noting that New Chance enrollees were more likely to have held a job at some point than those in the Teenage Parent Demonstration (91 percent versus 54 percent) and were somewhat more likely to have been raised in families that had never received welfare (39 percent versus 29 percent) – both factors that might be thought to be associated with long-term self-sufficiency. (Job-holding, as noted above, is also positively correlated with age.)

However, New Chance, unlike LEAP and the Teenage Parent Demonstration, is overwhelmingly targeted to high school dropouts, and this status alone constitutes an obstacle to self-sufficiency that many women in the other programs do not face. For example, 68 percent of the young women in the Teenage Parent Demonstration were enrolled in an education program or had received a high school diploma or GED at intake; similarly, half the young women in LEAP were in school at program entry. Furthermore, New Chance enrollees were less likely to be living with their mothers (34 percent) than those in the Teenage Parent Demonstration (46 percent), suggesting that the mothers were less likely to be available as a resource for child care and other types of assistance.

Compared to young women in LEAP, New Chance enrollees, being older, were more likely to head their own welfare cases (90 percent versus 56 percent) and more likely to have worked in the 12 months before entry into the research sample (46 percent versus 17 percent).

JOBSTART was, like New Chance, a voluntary initiative targeted toward high school dropouts – in this case, both male and female. Compared to young mothers enrolled in JOBSTART, New Chance entrants were more likely to be white (24 percent versus 5 percent), less likely ever to have married (8 percent versus 21 percent), more likely to be receiving AFDC (96 percent versus 71 percent), and more likely to have worked in the preceding 12 months (43 percent versus 37 percent). JOBSTART was aimed at young people reading below the eighth-grade level, and as a consequence, average reading scores of young mothers in JOBSTART were more than a grade level lower than those of New Chance entrants (6.8 versus 8.4, respectively).

These comparisons indicate that New Chance enrollees had more prior work experience – although for the most part in low-paying, short-lived jobs – than young mothers in the other programs. Otherwise, however, they suggest that the young mothers in New Chance faced barriers to long-term success that were likely to be as serious as those confronting participants in the other programs.

III. Participants Through the Eyes of Program Staff

As staff members get to know program participants, they learn things about the young women that go beyond the information ascertained at baseline. They develop a feeling for who the participants are and a familiarity with the strengths they display and the issues they face.

A. General Views

Generally, staff find the young women likable. They enjoy their outspokenness, honesty, and humor. They appreciate the camaraderie that sometimes develops, and the caring that participants express for each other. Staff members believe that most young women love their children deeply and want to give them a better life than they themselves have had. And they have found that behind what is sometimes a gruff or prickly exterior, there is almost always a sensitive, vulnerable person. Program personnel derive intense satisfaction from the instances when they are able to break through the wall of toughness young women sometimes erect around themselves and to earn participants' confidence and trust.

Staff members are aware that toughness is often a defensive response to problems the young women have faced in the past and the difficulties they continue to confront. These problems come to light in various ways. Staff learn about some of them by observing and listening to the participants as they reveal themselves – the events they have experienced (or that are within the realm of their imaginations) – in classroom assignments.

> One young woman wrote the following composition using vocabulary words beginning with the letter *h*: "There once was a 15 year old girl. Yvonne was a prostitute she hankered being on the streets, to make money to take care of herself she had to hustle. Yvonne would haggle her way out of trouble with the police, she said that she would return home with her parents, sometimes this didn't work so they would harry her. Soon after she was arrested she turned into a herald, but she was always beat up on because she was always in somebody else's business telling stuff she isn't supposed to know about. This guy she met because she talked too much made her hunker in a corner. . . . Yvonne gave a speech to adolescent teen-aged girls to return home because it's not safe for them. . . . Soon time passed and the girl's signed an agreement to work out things with their parents and to return home. At the end of the speech they hoisted her to victory."

> At another site, a 20-year-old mother of two described her "life map" (a Life Skills and Opportunities [LSO] "icebreaker" exercise in which participants sketch figures and symbols illustrating key events in their lives). The map showed: her mother running off with another man (leaving her with her father), both parents remarrying, her mother subsequently divorcing her second husband, many moves from one city to another, a brother sentenced to prison for ten years, a second brother dying, two cousins dying in car accidents, and two sisters "sold into marriage" by the mother, who "wanted them out of the house." The young woman noted that she herself

left school at 14; the fathers of both of her children are now in jail on drug charges. Moreover, it was clear that this young woman did not regard her difficulties as unusual, or as more pronounced than those of her fellow program participants.

Participants also reveal themselves in their everyday behavior at the program. Some demonstrate their strong need for bolstering in the face of adversity, for praise, and simply for attention. A case manager remarked that her role had become that of a surrogate mother. She says that the participants want her to be proud of them, as they would want their own mothers to be proud of them, and that they need her words, hugs, and pats on the back.

The case manager related an incident that exemplified participants' strong need for affirmation. One morning, Leah, a participant, told her she had just learned she had failed to pass the GED test. The case manager, who was busy at the time, made a reassuring but perfunctory remark like "That's okay, you'll pass next time." Half an hour later, Leah refused to go to her work internship assignment, and it took the case manager half an hour to cajole her to do so. The case manager believed that Leah had refused to cooperate because she was frustrated and angry at the case manager's lack of an empathic response to her extreme disappointment at failing the test.

At another site, a case manager reiterated the theme that program staff become "significant others" for the participants. If participants think a staff member is angry with them, she noted, they may withdraw, or they may act out – for example, by arriving late, making snide remarks, and pouting.

One participant asked the case manager for a ride to an appointment. The case manager had another commitment and said she couldn't do it. Afterwards, the participant wouldn't speak to her for days.

Sometimes, too, participants' behavior indicates their immaturity or gaps in their social experience.

In a parenting class, instructors had participants make Play-Doh. The teachers planned to discuss how mothers could use the material with their children of different ages, as well as to talk about age-appropriate behavior management strategies. The conduct of several participants set the tone of the session. One got mad because she didn't get to stir the Play-Doh as long as another had; a second announced that she was taking the Play-Doh home but wanted to keep it for herself rather than give it to her child. Still another refused to give back a sample she had been given. The young women at one table boasted that the figure they had made from the Play-Doh was nicer than the figure a group at an adjoining table had made.

One participant put her shoes on the breakfast table where everyone else was eating. She didn't understand why others thought this was rude.

And there are many moments that simply touch staff deeply because they bring home just how much some participants have missed out on:

> A case manager sent a participant on her caseload a birthday card. She received a call of thanks from the young woman, who, sobbing, told her she had never received a birthday card before.

In interviews, staff members were asked to characterize the "typical participant." Often this question evoked the exclamation "They're all so different!" This is, of course, true. Some young women enter with strong basic skills and need only a quick review before being ready to take and pass the GED test; others have such a low reading level at program entry that staff doubt their ability to get a GED within the appointed time period or, in a few cases, ever. Some young women (a common estimate at various sites is 30 percent) join the program with a clear, informed career choice in mind; the majority do not know what they want to do, or express interest in only a few traditionally female occupations (nursing and clerical jobs are generally the most popular, but sometimes child care, social work, or "something to do with computers" are added to the list), or have goals that seem unrealistic (e.g., lawyer or actress). Some appear highly motivated to get off welfare; in other cases, the strength of their desire to leave the welfare rolls is much less clear.

One parenting teacher commented, "Some read to their children regularly; others plop them in front of the TV and expect them to learn that way. Some try hard, others don't seem to." And a case manager noted, "Some teens are wonderful mothers. You can tell by the *alertness* of their children." In more than a handful of instances, however, staff members report that participants speak to and handle their children roughly.

Some young women exhibit a good deal of personal maturity, others do not. Some are quiet and self-contained, others gregarious and boisterous. Some appear highly attuned to the nuances of fashion; others wear a T-shirt or sweatshirt and blue jeans every day.[12]

Nonetheless, despite these differences, some common themes emerge in staff members' descriptions of the typical participant, especially as these concern the participants' psychological make-up and the obstacles they must overcome to move forward in their lives.

B. The Problem of Self-Esteem

Perhaps the most frequently heard of these is that "participants lack self-esteem." In view of the fact that the young women did *not* score especially low on the Rosenberg Self-Esteem Scale administered at baseline, this characterization merits some exploration. For one thing, staff members do not always use the term "self-esteem" in the same way Rosenberg uses

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[12]Participants at the Bronx site must adhere to a dress code that requires them to wear attire appropriate for an office job. Other sites sometimes have days on which enrollees are supposed to wear attire suitable for work but do not require this on a daily basis. One project coordinator commented that many of the young women at her site do not have the clothes a working wardrobe would require.

it, i.e., to denote a global sense of self-worth. Instead, they often have a narrower concept in mind, something more akin to "self-confidence,"[13] and in particular, self-confidence with regard to the ability to succeed in school, in the work world, and in the larger society in general. One case manager at a predominantly Hispanic site noted that the young women there are well integrated into a society where single parenthood is fairly well accepted. Self-esteem arises as an overt problem mostly when it comes to participation in the wider culture. The case manager's counterpart at a New York City site commented that enrollees there feel quite confident about their ability to handle themselves in the sometimes dangerous streets of the city's poverty areas. What creates anxiety for them is "a plush Fifth Avenue office."

Lack of self-confidence is manifested in many ways, according to New Chance staff members. It emerges in comments (and feelings) such as "Everything I do comes out wrong" and "I can't do it." It is seen in fear of tests and the quickness of the test-takers to protest – "I know I did horribly" and "I never did well at school" – even when their test scores are high. And it also comes out in a reluctance to try new things, lest they fail.

IV. The Prevalence of Problems

Because staff interviews pointed to a number of serious problems shared by participants at several sites but did not indicate the frequency with which they arose, a special study was conducted to address this question. Staff members at all sites were given lists of program enrollees through December 1990 (to correspond to the sample used in this report) and asked to note whether each enrollee had experienced one or more of ten problems often cited as interfering with participants' attendance or undermining their ability to make good progress.[14]

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[13]Ferguson (1990), in a paper on programs for black male youth, similarly notes that workers in neighborhood programs for youth tend to see lack of self-esteem as a major problem confronting many young people, and that they often use the term differently than do researchers. As Ferguson puts it, "Often, the term seems to be a catch-all for discouragement about chances for conventional success – for all of the beliefs and uncertainties about self (in a given social context) that dissuade a young person from fully engaging in wholesome and age-appropriate roles" (p. 5).

[14]These problems were: discouragement of the enrollee's program participation by a mother or other close relative; similar discouragement by a partner or spouse; the participant's excessive use of alcohol; her use of illegal drugs; use of alcohol or illegal drugs by a relative or partner; current physical abuse by a partner; physical abuse by some other person; physical abuse as a child; childhood sexual abuse; or a current housing problem.

MDRC provided the sites with operational definitions of these problems. Several of these instructed staff to note a problem only if it interfered with the young woman's participation. For example, a participant might note that she regularly got drunk on weekends, but if her drinking never prevented regular program attendance, staff would not report it. Similarly, a housing problem had to cause absenteeism or inability to attend classes in order to be reported.

In general, the stringency of these definitions, the fact that they had to come to staff members' attention to be reported at all, and the fact that the instructions asked staff to report only problems for whose existence they had some evidence (not ones they suspected but could not substantiate) all suggest that the results of the survey are conservatively biased – i.e., the real incidence of the problems is likely to be greater than that reported in the survey. (The survey is more likely to have captured the true

(continued...)

Because it was recognized that some enrollees might drop out before staff members could get to know them, or that the person most familiar with a particular young woman might have left the staff, site personnel could also reply that they did not know a young woman well enough to complete the form for her. Staff at 15 of the 16 sites submitted responses for 862 young women, 617 of whom (71 percent) they knew well enough to provide the information requested.[15] In the remainder of this section, these survey data complement and reinforce the data from other sources.

A. The Behavior of Significant Others

Just as participants' self-esteem scores do not reflect their underlying self-doubts, their responses on the social support scale do not fully reflect the limited support participants often receive from "significant others," nor the degree of difficulty and conflict in some of these relationships. This is certainly not true for all the young women. Some have mothers or boyfriends or others who encourage them and support their efforts to make positive changes in their lives. However, across all sites, staff reported that 9 percent of the enrollees had mothers or other close relatives who discouraged their participation in New Chance, and 15 percent had partners who were equally negative.[16] (See Table 5.4.)

Some mothers may be envious or resentful of their daughters' ambitions, or beset by problems of their own. Some partners, according to staff members, may be fearful that their girlfriends' achievements will outstrip their own and that the women will become too independent-minded. Or, jealous and suspicious, they may think the women will form new romantic attachments (perhaps even using program attendance as a "cover" for their trysts).

Discouragement of program participation can take different forms. Sometimes it emerges as opposition to the program's goals or messages. Sometimes it is an expression of doubt that the participant will succeed in the program. Sometimes it is an insistence that the young woman cannot attend the program because she must do other things. One case manager cited the example of a participant whose mother told her she had to stay home to do the laundry.

Sometimes, too, mothers or partners, while not actively hostile, behave in apparently arbitrary ways that indicate to the participant that they cannot be relied on consistently for help.

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[14](...continued)
incidence of housing problems, since these almost inevitably came to the attention of program staff.)

Finally, the problems reported in the survey do not constitute a complete roster of the issues confronting New Chance enrollees. The program coordinator at one site, in responding to the survey, wrote that other problems experienced by participants at that site included involvement with gangs, selling (rather than using) drugs, eating disorders, and mental health problems.

[15]At the sixteenth site, the case manager left the staff, and the program coordinator was unable to provide accurate information for the survey.

[16]The percentages reported in Table 5.4, and in this section in general, have as their base the 617 enrollees whom staff knew well enough to indicate whether a problem existed.

TABLE 5.4

PREVALENCE OF SEVERE PROBLEMS AMONG NEW CHANCE ENROLLEES

Problem	Percentage of Enrollees for Whom Problem Was Reported	Percentage of Enrollees with Problem at the Site Reporting the Lowest Rate of Occurrence	Percentage of Enrollees with Problem at the Site Reporting the Highest Rate of Occurrence
Discouragement of program participation by mother or other close relative	9%	0%	45%
Discouragement of program participation by partner	15	0	29
Participant's use of alcohol[a]	12	0	36
Participant's use of illegal drugs[a]	15	2	52
Use of either alcohol or illegal drugs by mother, other close relative, or partner[a]	17	0	47
Housing[a]	48	11	91
Current physical abuse by partner	16	3	38
Current physical abuse by person other than partner	6	0	27
Physical abuse as a child	12	0	42
Sexual abuse as a child	10	0	41
No problem reported	26	0	65

SOURCE: Special survey of New Chance program staff.

NOTES: The sample includes 617 young women about whom site staff had enough information to respond to the survey. These young women enrolled in New Chance from August 1989 through September 1990.

[a]For this special survey, staff were instructed to report the problem only if it interfered with program participation.

The Lexington program arranged for eight young women who had expressed an interest in going to college to go with a staff member to a weekend workshop sponsored by Berea College, about an hour away; the workshop's theme was "Building Self-Confidence as a New College Student." The program coordinator told the participants that the program could arrange child care for them if absolutely necessary, but that this would be difficult and that, if possible, they should ask someone for help. All the young women found someone – a mother, aunt, or friend – who said they would care for the children. But as the weekend approached, one after another had to drop out because these arrangements fell through. Finally, there was only one young woman left who, on the morning they were to leave for Berea, was still a possibility. She called, too, to say she couldn't make it. The program coordinator was so distressed for the staff member who had arranged the trip that she herself offered to take care of the young woman's 15-month-old child over the weekend. (This anecdote may reflect not only participants' lack of support but also their fears of embarking on a new adventure.)

B. Substance Abuse

Substance abuse has been reported as an issue at a number of sites. As a staff member at one of these sites put it, "The definition of 'partying' is drinking enough to pass out" – and, she added, most participants party once or twice a weekend. Staff responses on the survey indicate that across all sites, 12 percent of the enrollees used alcohol to such a degree that it interfered with their participation in the program (causing absenteeism or lateness or visible intoxication).[17] Use of illegal drugs created similar problems for 15 percent of the young women.

Sometimes it is participants' family members and partners, rather than the participants themselves, who are using drugs or drinking to excess, leaving the young women to cope with the consequences. According to the survey, 17 percent of the enrollees had close relatives and partners whose alcohol and drug use impeded their own participation in New Chance. In interviews with program staff, one case manager commented on the problems that arose when a participant's mother, who usually babysat for her grandchild but also used drugs, disappeared for a few days. A second told of a young woman whose mother used the teen's welfare check to buy drugs.

C. Domestic Violence

Drinking can fuel violence, and domestic violence has been another serious problem in

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[17]In this regard, it is worth noting that a national survey of students in junior and senior high schools in eight randomly selected states (six of which are home to New Chance sites) found that more than half the students drink alcoholic beverages. It is estimated that almost half a million teenagers (2 percent of all students and 4 percent of those who drink) consume five or more consecutive drinks at least once a week. (See "Survey Says Teenage Drinking Is Common," *New York Times*, June 7, 1991, p. 18.)

participants' relationships with their partners and with other people. According to the survey, 16 percent of enrollees across all sites told program staff that they had been battered by their boyfriends or came to the program with a black eye or other visible signs of abuse; 6 percent reported being abused by someone other than their partner.[18]

Sometimes violence arises from boyfriends' resentment of the participants' efforts to improve their situations.

> After the first program graduation ceremony celebrating GED receipt – generally seen as an uplifting event – graduates held a party at which there was a lot of drinking. One young man seized his partner by the throat, and a second hurled his girlfriend into the car, while making comments like "Who do you think you are?"

While some participants have left boyfriends who they felt were holding them back or abusing them, this requires considerable courage, especially when, as staff report, having a partner is a major source of self-esteem and of connection with the outside world. The young women often speak of men in disparaging and contemptuous terms.

> In one LSO class on stereotypes that was observed, participants were asked to say the first thing that came to their minds when they heard the word "men." Their responses included: dogs, mean, jerk, liar, inconsiderate, sex-craving monsters, and users. The answer "loving" evoked a few giggles, though a few women added "honest" and "respectful" to the list.

However, staff at several sites have commented that some young women have not wholly abandoned what might be called the "white picket fence" vision of their futures. Some live with the hope and dream (nurtured by the media) that a man will help provide for them and their children and that a new boyfriend may be just this man.

For some participants, current abuse is merely the continuation of abuse experienced in the past. The survey results indicate that, as children, one in eight enrollees had been physically abused (i.e., violently and repeatedly hit, beaten, or otherwise physically harmed), and one in ten had been sexually abused. Some young women grew up in families where their mothers were also battered and have little awareness of domestic life that is free of violence.

Tension-fraught relationships with significant others drain participants' energies and reduce their interest in coming to the program, as discussed in Chapter 7. But sometimes

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[18]Counseling young women with abusive partners also requires a degree of courage on the part of staff members, who themselves have occasionally been threatened by violence by the men.

It should also be noted that violence, at least on the verbal level, is far from alien to some young women. In one LSO class in which the topic of jealousy arose, one young woman told of catching her boyfriend eyeing another woman through the rear-view mirror of his car and warning him, "You better stop that before I cut your eyes out." In a pleasant way, the instructor pointed out to the class that this was an example of aggressive behavior, not of the assertive behavior they had been practicing earlier.

these tensions have even more serious repercussions. One of these is that enrollees are often on the brink of homelessness.

D. Severe Housing Problems

Questions on the enrollment form that ask about living arrangements do not capture the *instability* of many of these arrangements. Staff at many sites report that many participants and their children live doubled up in the residences of mothers, boyfriends, grandmothers, other relatives, and friends – an argument away from eviction and possible homelessness.

> Marsha, the mother of three children, arrived at the program distraught and in tears one morning, saying that after a fight the previous evening her mother had kicked her out. While her mother had issued similar threats in the past, this time Marsha thought her mother was serious. Her mother also told her she wanted custody of Marsha's children. Marsha didn't know whether to move in with her boyfriend and his parents and take the children, which would create tensions for all of them, or to leave the children with her mother and risk losing custody on grounds of abandonment.

> Stacy had always had a stormy relationship with her stepfather. One evening, Stacy's former boyfriend, the father of her child and a drug user, came to visit and, while there, stole part of the family's rent money. Stacy's stepfather was furious and told her he wanted her to repay the money. Stacy fled home and moved in with relatives in another part of town until tempers had cooled, in the meantime taking a leave of absence from New Chance.

Survey results indicate that across all sites, nearly half (48 percent) of all enrollees faced a housing problem that interfered with their ability to attend the program: They had to find a new place to live because they were evicted by the landlord or because they were "kicked out" or asked to leave by the primary tenant; they lacked a permanent residence and had to move from one place to another; or they were living in a shelter for the homeless. At five sites, more than 60 percent of the young women had a housing problem of this kind. Housing crises occupy far more staff time at more sites than was anticipated – especially because it can take hours on the phone finding a place for the young woman to spend one night, much less permanent accommodations. The situation is exacerbated by the fact that most of the New Chance locales have an inadequate supply of low-income housing.

E. Staff Efforts to Deal with These Problems

One of the most startling findings of the survey is that nearly three-quarters (74 percent) of the New Chance enrollees for whom information was available experienced at least one of the ten relatively serious problems the survey was designed to ascertain, and of those who

experienced any problem, more than half (54 percent) registered more than one.[19] It is also important to note, however, that the proportion of participants with one or more problems varied substantially from site to site. While five sites reported that 90 percent or more of their enrollees had experienced at least one of the problems specified, three other sites reported that fewer than half of their enrollees had any of these problems.[20]

Counseling participants, advocating on their behalf, and helping them cope with the problems registered on the survey (as well as with other dilemmas) all consume a good deal of staff time and energy. With the help of program staff, participants are sometimes able to transcend their situations and make remarkable changes in their lives, as discussed in Chapter 8. Sometimes, however, the best efforts of staff are not enough, especially if staff members lack strong clinical training and experience. Several New Chance sites have negotiated service arrangements with agencies or individuals to provide mental health services to program participants (and sometimes to participants' children as well) on a referral basis. Given the high level of depression among young mothers and the degree of early and continuing difficulties they are likely to have experienced, this is a practice other programs serving this population may wish to adopt.

Despite their awareness of the problems many participants face, staff also recognize many strengths in the young mothers they see. For one thing, the young women are streetwise. They have been able to survive and to cope – no mean feat in environments often marked by drug abuse and violence. Many show remarkable determination. Staff members frequently comment that they do not see how they themselves could have survived the traumas many young women have experienced, and they marvel that enrollees are so little inclined toward self-pity.

V. Summary

The findings in this chapter indicate that while New Chance enrollees are a varied group (with differences among enrollees at the different sites being especially pronounced), the program has succeeded in reaching a disadvantaged group of mothers whose characteristics point to a need for services aimed at both human capital and personal development. Their lack of education credentials and their episodic employment experience indicate limited prospects for labor market success without additional assistance. The high levels of depression and of personal problems they register suggest the need for an intervention that addresses their status as mothers, as daughters, as partners, and, more generally, as young women striving to attain better lives for themselves and their children.

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[19]It is noteworthy in this regard that Sandra Danziger (1991), in conducting in-depth interviews with 64 young black mothers in Detroit, has also found a high incidence of what she terms "major family trauma" among the young women in her sample.

[20]The percentage of young women whom staff noted as having each of the problems addressed in the survey also differed considerably from one site to another, as the second and third columns of Table 5.4 make clear. For example, six sites reported that 5 percent or fewer of their enrollees had mothers or other close relatives who discouraged their participation, while two other sites reported that well over one-quarter of their enrollees encountered such opposition.

CHAPTER 6

THE NATURE OF NEW CHANCE SERVICES

I. Introduction

This chapter describes the services that constitute the first phase of the New Chance program, when most services are on-site and before participants move on to occupational skills training and/or work internships or enter regular employment. Following this introduction is an overview of New Chance schedules and a discussion of orientation for new participants. Then components within each of the five main service areas – education, employability development, health and personal development, services to enhance the development of participants' children, and case management – are examined. The final section of the chapter discusses examples of activities undertaken by some sites that were not an explicit part of the New Chance model.

Two points should be stressed. First, New Chance is much more than an assemblage of services. Central to it are the relationships participants form with the staff and one another, and a feeling of fitting in and being special. For many participants, it is both reassuring and a source of closeness that the others are young mothers "just like me."[1]

The distinct identity of New Chance is promoted by various means. Except for education classes at some sites, New Chance enrollees have attended most classes separately from other agency clients. A separate physical location – a series of rooms or, as at the Chula Vista and San Jose sites, among others, a separate building – also fosters a group identity. Posters and pictures brighten the offices and classrooms and also serve program objectives – e.g., by highlighting the names of enrollees who have passed the GED test or portraying notable black or Hispanic women.

Second, the sites do not fall into neat categories that help explain successes and difficulties in implementation. For example, sites that already had a focus on parenting generally developed a strong parenting component, but so did others. Some school-based sites had strong education components, but so did non-school-based sites. Whatever the type of site and its initial orientation or philosophy, some components (e.g., parenting and education) generally proved easier to implement and others (e.g., employment-related services and family planning counseling) proved more difficult.

Furthermore, over time, sites have strengthened weaker components. For example, while retaining its strong parenting and education focus, Allentown has increased its attention to employment-related services, and in Portland, the school district's collaboration with the Job

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[1]Pittsburgh also enrolls young fathers aged 15 to 25, who participate in the same classes as the young mothers.

Corps significantly increased the program's emphasis on employment and occupational skills training.[2]

II. The Schedule of New Chance Components

The New Chance model specifies that, to help prepare participants for regular full-time employment, program activities be conducted at least four days per week, five to six hours per day. Specifically, as prescribed in the guidelines, New Chance programs must provide:

- 12 to 15 hours of education instruction per week
- 2 to 4 hours of parenting education per week
- 1 group family planning session per month (in addition to 2 required sessions during orientation)
- 6 hours of health education per month
- 48 hours of career exploration and pre-employment skills training prior to the participant's entry into occupational skills training or a work internship
- 18 sessions, of 90 minutes each, of the Life Skills and Opportunities (LSO) curriculum
- 3 hours per month of "adult survival skills" instruction (e.g., money management)

Table 6.1 is a hypothetical schedule for the first phase of New Chance. It is intended to show one version of how the various components might be scheduled over the course of a month. Most of the program consists of classes, but occasional field trips or celebrations (e.g., for GED test completers) are also in the plan. Sometimes, guest speakers are invited to a class. For example, a representative from a community college might address participants during the employability development class, or a staff member from Planned Parenthood might speak during a family planning session. Parenting education sometimes took place in the on-site child care center in hands-on interactive sessions in which both mother and child were present. Computer work might be scheduled as a separate class or incorporated into the education classes.

Some sites operated as a "one-room schoolhouse," with one classroom and a single schedule for all students. Others ran two or more classes at one time. In some cases, the education classes were divided according to skills levels, but participants attended the other components together.

The scheduling challenge has been compounded by the need to orient and incorporate new groups of participants while maintaining continuity and stability for the earlier cohort. It

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[2]Some sites continue to place particular emphasis on their original core services. For example, at Jacksonville, which began as an agency focused on reproductive health, the New Chance program's connection to the on-site family planning clinic is a major strength. Pittsburgh staff remain oriented toward vocational training and employment, while also providing the full New Chance program.

TABLE 6.1

HYPOTHETICAL MONTHLY SCHEDULE FOR A NEW CHANCE SITE

	Monday	Tuesday	Wednesday	Thursday	Friday
Week One					
9:00-12:00	Education (ABE/GED)	Education (ABE/GED)	Education (ABE/GED)	Education (ABE/GED)	Computer-Assisted Instruction
12:00-1:00	LUNCH				
1:00-3:00	LSO	Parenting Education	Employability Development	Health	Parenting Education
Week Two					
9:00-12:00	Education (ABE/GED)	Education (ABE/GED)	Education (ABE/GED)	Education (ABE/GED)	Field Trip
12:00-1:00	LUNCH				
1:00-3:00	LSO	Parenting Education	Employability Development	Health	Field Trip
Week Three					
9:00-12:00	Education (ABE/GED)	Education (ABE/GED)	Education (ABE/GED)	Education (ABE/GED)	Adult Survival Skills
12:00-1:00	LUNCH				
1:00-3:00	LSO	Parenting Education	Employability Development	Health	Parenting Education
Week Four					
9:00-12:00	Education (ABE/GED)	Education (ABE/GED)	Education (ABE/GED)	Education (ABE/GED)	Computer-Assisted Instruction
12:00-1:00	LUNCH				
1:00-3:00	LSO	Parenting Education	Employability Development	Family Planning	Group Counseling

has often been difficult to secure sufficient staff and classroom space to continue the regular schedule of activities while also conducting intake for prospective enrollees. At sites with rolling enrollment, such as Jacksonville and San Jose, case managers have conducted individual orientations and then placed new enrollees into regular classes as soon as possible.

All sites implemented the initial group of components – education, health and personal development services, employability development, services to enhance children's development, and case management – and they generally met the guideline requirements for scheduled hours. In fact, many staff reported that they used the guidelines to determine how many hours of each component to provide. Nevertheless, no site's schedule exactly matched the participation requirements in the guidelines, and there were variations among sites' schedules of program activities. Sites' activity calendars diverged from the requirements because of pragmatic concerns (space or staff availability), convenience, or the belief that a component deserved more (or less) attention than the guidelines command.

Table 6.2 illustrates the range of scheduled hours. Education, scheduled for two to four hours daily, has been offered for more hours than any other component. LSO, parenting, health, and employability development have been offered once or twice a week for 1.5 to 2.5 hours per session. Family planning has been scheduled less often, once or twice a month, in accordance with the guidelines, which call for monthly group sessions. The table also shows the number of formal case management sessions scheduled per month with each participant. Case managers acknowledged that participants did not always show up for scheduled appointments. All case managers also met informally with participants, and the Salem and San Jose sites relied exclusively on informal meetings. Two sites (Denver and Pittsburgh) arranged more than the required two meetings per month.

The schedules shown in Table 6.2 do not include all the activities that constitute the New Chance program. Some sites included additional classes such as aerobic exercise or driver education. In a few cases, staff wanted to increase the attention paid to a particular topic within a component (e.g., drug and alcohol abuse) and thus developed a separate class on that issue. Topics within adult survival skills, a component usually incorporated into other classes (e.g., discussing budgeting in the course of a math class), have sometimes been given more prominence by being covered in separate classes. For instance, a few sites provided separate sessions covering nutrition, time management, budgeting, and other practical life skills. Some sites scheduled group meetings on a regular basis to resolve problems among participants, to discuss program rules, or to plan an event; at other sites, these sessions were called only on an as-needed basis.

At most sites, LSO, parenting, family planning, health, and employability development have been covered in separate classes. However, a Denver instructor combined and integrated these subjects in all-morning classes. At Minneapolis, the instructor focused on one component – or a particular topic, such as nutrition in the health component – for a whole week, integrating material from the other components. At this site, employability development was covered over a three-week period. In addition, LSO and parenting groups were scheduled separately during the week. Pittsburgh's schedule of employability classes deviated from those at other sites in that participants did not receive the majority of these hours until they passed the GED test.

TABLE 6.2

SCHEDULE OF NEW CHANCE COMPONENTS, BY SITE

Site	Days of Program Operation Per Week	Education	Parenting	LSO	Health	Employability	Case Management: Individual Meetings Scheduled Per Month	Family Planning: Group Sessions Scheduled Per Month
		Scheduled Hours Per Week						
Allentown	4	10	1.5	1.5	2	2	2	2
Bronx	5	15-20[a]	3-4[a]	2.5	2	3	1	1-4[a]
Chicago Heights	4	12	3	1.5	3	3	2	2
Chula Vista	5	20	2	3	2	2	1	2
Denver	5	10	9	1.5	4	4	3	4
Detroit	4	12	1.5	1-2[a]	2	2	1	1
Harlem	5	15	1.5	1.5	1.5	1.5	1[b]	4
Inglewood	5[c]	10	1.5	3	1.5	8	1-2	1
Jacksonville	5[c]	14.5	2	1.5	1	5	2	1
Lexington	4	13	3	2	2	2	2	1
Minneapolis	5	12.5	2	2.5	2.5	2.5	2-3	---[d]
Philadelphia	5	13.5	2	2	2	1.5	1	2
Pittsburgh	5	6.5-19[e]	1.5	1.5	2	2-9[e]	4	1
Portland	5[c]	10-15[f]	2	3	1	5	2	1
Salem	4	12	3	3	1.5	3.5	---[g]	1
San Jose	5[c]	13	3	1.5	2	3	---[g]	2
Guideline Requirements	4-5	12-15	2-4	18 90-minute sessions	1.5	48 hours before work internship or skills training	2	1

(continued)

TABLE 6.2 (continued)

SOURCES: New Chance program records and staff interviews.

NOTES: Several services provided by New Chance programs are not included in this table: adult survival skills training, which in some sites was scheduled as a separate class and in others was incorporated into other components; occupational skills training, which was offered during the second phase of the program (except in Portland, where participants attended occupational skills training concurrently with the education, personal development, and employability skills components; and other group activities (e.g., group meetings or field trips).

[a]The number of component hours varied depending on the weekly program schedule.

[b]Case managers originally scheduled three to four meetings per month, but as the number of participants increased, case managers reduced the number of scheduled meetings.

[c]On Fridays, only education classes were scheduled.

[d]The site operated on a module system, devoting a one-week module to family planning.

[e]Participants were placed in one of four class levels depending on their educational ability: pre-GED 1, pre-GED 2, GED, or career orientation. The number of hours a participant spent in education and employability development activities varied depending on the class level.

[f]Depending on their TABE results, participants were required to attend either two or three hours of education classes per day.

[g]No formal case management meetings were scheduled.

Participants enter work internships and/or occupational skills training after completing these initial components, except at Portland, where they attend occupational skills training at the outset along with education, personal development, and employability components.

The sample schedule shown in Table 6.1 illustrates a program that operates five days per week. At four sites (see Table 6.2), participants attended education classes Friday morning, but no classes were scheduled in the afternoon. Unscheduled time allowed Fridays to be used for field trips or individual counseling sessions. At other sites, New Chance operated four days a week, with staff using Fridays for staff meetings and preparation of lesson plans. At these sites, participants were encouraged to try to schedule other appointments (e.g., with the welfare department or the housing authority) on Fridays to avoid missing classes.

III. Introducing New Enrollees to the Program

Orientation activities set the tone of the program. By exposing participants to varied aspects of the program and by creating a supportive environment, staff hoped participants would become committed to New Chance.

Sites that enrolled young women in groups (cohort enrollment) introduced new entrants with a formal orientation program generally lasting from several days to a week. A few sites scheduled activities intermittently over the initial weeks after enrollment. At Inglewood, for instance, participants spent the morning in orientation sessions and attended regular classes in the afternoon.

Sites that enrolled the young women individually (open enrollment) generally conducted informal orientations whenever someone enrolled in New Chance. New participants at San Jose moved right into classes alongside those who were already in the program. Lexington initially conducted biweekly group orientations, but because sporadic attendance made it difficult to assemble enough new entrants to ensure the viability of group sessions, the site switched to open enrollment and individual orientations. Lack of a formal orientation, however, places an extra burden on case managers and instructors to make new participants feel comfortable in the program.

A. The Initial Message

Many of the messages staff delivered at orientation were similar to those conveyed prior to enrollment. New entrants were congratulated on their decision to be part of a program that would give them the means to move toward self-sufficiency, and were told that staff would support them every step of the way. They were encouraged to believe that "you can make it if you make a commitment," and that they had personal responsibility for their own achievement. Tying these themes and messages together, one case manager says she tells new enrollees, "This is the finest opportunity you'll ever have to get to a place where you can provide a good life for yourself and your children and break the welfare cycle. Everyone on staff believes you can achieve and will help you as long as you're willing to make the effort."

Over time, staff have increasingly emphasized that New Chance is more than a GED program and that all services are important.

In addition to stressing the positive aspects of New Chance, staff used orientation to explain and review the rules and regulations participants were expected to follow. At most sites, these were set forth in a New Chance handbook that was distributed to participants. The rules were also discussed with participants; this was especially necessary for those with very low reading levels. Some rules were given special emphasis, as at Lexington, where staff stressed that hitting children on the premises was forbidden. Sites also banned the on-site use of drugs or alcohol.

As discussed more fully in Chapter 7, the sites have increasingly emphasized the importance of daily attendance. Staff members at some sites reported an initial unwillingness to "hit participants too heavily with rules at the beginning," reasoning that it was more important to highlight the opportunities New Chance provides for personal advancement and for making new friends. Absenteeism and retention problems, however, have led sites to put stronger emphasis on attendance rules during the orientation period.

Such insistence can have an effect: One case manager acknowledged that participants on another case manager's caseload were more likely to attend regularly and to call in advance if they were going to be absent, probably as a result of the other case manager's greater emphasis on these rules at the outset.

B. Orientation Activities

Staff have performed different roles in organizing orientation activities, with the program coordinator and case managers taking the lead in planning the events and giving an overview of the program. It was during orientation that participants met most on-site New Chance staff and were assigned to a case manager. At this time, too, instructors often described what their classes would cover, and some components actually began. Most sites with group orientation have scheduled two family planning classes during orientation, as specified in the guidelines, to help establish the expectation that participants will delay pregnancy while they remain enrolled. At Lexington, as elsewhere, family planning instruction has been handled by a staff member from Planned Parenthood, and one of the sessions entailed a field trip to that agency's clinic, from which many enrollees subsequently received contraceptive services.

Assessment is another activity that commonly began during orientation. Case managers met individually with participants and tried to detect and resolve situations, such as housing problems and lack of transportation, that could undermine a participant's effort to attend New Chance. At sites without on-site child care, finding reliable day care was an essential task. Testing was another part of the assessment process, with some sites requiring participants to take tests, in addition to the TABE survey administered at enrollment, to determine their educational needs. In many cases, participants met with the employability instructor or job developer to discuss job interests and work history, and to complete occupational interest and capabilities assessments. Initial counseling sessions and classes allowed staff to develop rapport with students, and in addition to the various tests and formal assessments, staff used orientation as an opportunity to observe participants and get to know them. To this end, the Chula Vista

case manager, for example, has sat in on classes to observe participants' interactions with one another and with the instructors.

The assessment process works both ways: While participants were in the midst of paperwork, tests, and presentations, they were also assessing the program. Accordingly, many sites tried to balance more serious sessions with social events and activities designed to allow participants and staff to get to know one another.

Orientation was also a time when participants began to feel a camaraderie with others in the group. As a staff member at Minneapolis said, "Group dynamics are dependent on many factors, but the initial orientation for New Chance helps set the tone for a group." Minneapolis instituted a distinctive orientation technique: a 24-hour retreat designed to bring people together. One activity was an obstacle course, which included a 10-foot wall that could only be scaled if the group members cooperated. San Jose and Lexington instituted a "buddy system" in which a student who had been in the program for a while introduced the new student to the staff, other participants, and the site.

IV. The Education Component

The New Chance guidelines state that the education component must include reading, writing, basic mathematics, an introduction to the GED test and its subject areas, and an introduction to computers and their applications (in sites where computers are available). The guidelines also stipulate that the instructor is expected to "use a wide range of teaching strategies to meet participants' needs, to put together and adapt a curriculum for the participants in a particular New Chance site, and to integrate education with other components." Individualized instruction is intended to be supplemented by group learning activities.

A. The Staffing Challenge

The widespread availability of GED curricula and teachers experienced in teaching GED or adult basic education (ABE) classes, and the fact that most sites were already running education classes, has made it relatively easy to operate an education component. The challenge has been finding instructors who are not only knowledgeable about the core subject matter but also attuned to the students' needs and abilities, and to the New Chance program as a whole. Thus, for example, in addition to traditional teaching qualifications – experience, knowledge of the subject, and classroom management skills – Philadelphia looked for sensitivity to the needs of low-income women and experience in working with teens. As the program coordinator at another site remarked, "I think finding the right teacher was the major effort in building the GED component."

Finding the right teacher has created particular problems at sites with linkages for education. Some program coordinators have negotiated with the institutions providing the education instructors (e.g., the school district in Minneapolis) to get control over hiring after they were assigned instructors who proved unable to develop the necessary rapport with students. At other sites, such as Inglewood, coordinators developed agreements that enabled

them to reject candidates the school district sent, but that did not allow them to hire whomever they wished.

B. The GED Focus

According to both instructors and participants, passing the GED test has been the primary goal of the education classes.[3] (The guidelines state an alternative goal for enrollees whose entry scores suggest that they will be unable to achieve a GED within the program time frame. For them, the goal is to raise their reading score by two grade levels.) Participants' own interest in getting a GED contributed to the relative ease with which the education component has been implemented. As noted in Chapter 4, most staff members believe that participants' motivation to enroll in New Chance stemmed from their desire to get a GED. The coordinator at one site put it this way, "Participants are very motivated to get a GED and are more interested in this than in any other aspect of the program. They may be interested in employment, but they want the GED first." Another instructor reported that participants feel they need a GED in order to go on to the next step in their lives.

Instructors employed different methods for ensuring that students studied each subject included on the GED test. At Pittsburgh, there were separate instructors for math, reading, writing, and social studies. At Denver and Allentown, the various subjects were divided between two instructors. The GED instructor in Philadelphia, who taught all the subjects, imposed her own structure by teaching certain subjects on certain days. (Monday, for example, was reserved for literature.) At Chicago Heights, participants were given assignments to complete in each subject and could not get additional work in one area until they had completed their assignments in all the others. Salem participants developed their own "learning contracts," which specified how much work they would do that week. Only occasionally did the instructor need to suggest to a student that she could really work harder.

Most sites separated participants into different classes according to their level of academic skills at entry. The most structured approach was taken at Pittsburgh, where students were divided into four groups: (1) pre-GED 1 (for those reading below the eighth-grade level); (2) pre-GED 2 (for those reading at the eighth- to ninth-grade level); (3) GED (for those reading at the tenth-grade level and above); and (4) Career Orientation (for the minority with a high school diploma or GED when they entered the program).

Instructors at all sites have learned that, whatever their level, students need and respond to immediate feedback. A Lexington instructor noted that participants seemed especially

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[3]About one-fifth of enrollees at Portland, Denver, and Pittsburgh had received a high school diploma or GED prior to enrolling in New Chance. At Pittsburgh, these students followed a specialized schedule that emphasized employability development but included all aspects of the model. Students were expected to be in this "career group" for two months. Portland also placed these students in classes intended for participants who passed the GED test, but some were also placed in a GED class to work on specific skills. At Denver, students who entered with a GED or high school diploma were expected to attend the GED class, with the stated goal of raising their scores by two grade levels. These students frequently enrolled in skills training after two or three months in the program.

gratified when teachers wrote comments such as "excellent!" or "good job" on their work, because in high school no one had complimented their efforts.

Finding adequate instructional materials and motivating participants with low reading or math skills has been challenging, especially for sites that enrolled a substantial number of such students. Sites have found that these participants need constant reinforcement and reassurance that they are improving, and that too great an emphasis on the GED can be discouraging to students who are unlikely to pass the test for some time. However, sites have discovered varied ways of keeping less academically able enrollees motivated to continue participating. Allentown adapted its program by adding tutors and creating a literacy lab. The Philadelphia instructor for the students with lower skills levels stressed participant involvement; when studying nouns, for example, participants cut out words from newspapers and made posters that the instructor hung on the wall. Several sites retested students periodically, enabling those with improved skills to advance to the next level. Finally, staff worked with these students to find training or jobs that did not require a GED.

C. Individualized Versus Group Instruction

Education teachers have espoused different preferences for group or individualized instruction with the New Chance population. Individualization at most sites has meant that students were assessed for their skills levels in math and reading and given appropriate materials in each subject. Instructors and students set short-term goals along with the longer-term goal of passing the GED test. Students spent the majority of their time working on their own, with a workbook or text suited to their academic level. Some instructors added computer work to standard paper-and-pencil exercises. Instructors were available to answer questions and explain new concepts and spent most of their time working one-on-one with students. Sometimes a student would tutor another student. When the students and their instructors felt they were ready, participants took a test on the workbook or text material and, if they passed it, moved to the next level. Some teachers had students grade their own work.

Those who favored the individual approach did so for many reasons. The Portland instructor noted that it allowed participants to progress at their maximum pace; she also felt it was a "caring" approach because it allowed for a lot of contact between the teacher and individual students. Her counterpart at San Jose added that students liked the personal attention she provided. A Detroit instructor believed that, in the context of widely varying skills levels, allowing participants to work at their own pace put less pressure on individuals. A Lexington instructor cited absenteeism as another rationale for using this approach. Poor attendance interfered with the progress of the absent student, but not that of the group as a whole.

Other instructors cited participants' preferences and greater motivation as advantages of working in groups. Group work also allowed the class to have interesting discussions about current events and other matters of concern. Philadelphia was the only site that relied primarily on group work in the education classes: Students were divided into two classes according to their skills levels, and students in each of these classes worked as a group. Allentown initially followed this approach but added more individualized instruction to speed GED progress. Several sites used a combination of group and individual work.

The atmosphere of the classrooms varied, depending mainly on the teacher's style and preferences. Some teachers opted for more traditional classroom environments (little talking, few distractions), while others allowed students more flexibility. At one site, the instructor permitted students to listen to the radio while they worked independently. He made sure there were newspapers and magazines for students to read in class if they were bored with their assignments, reasoning that it was better for women who usually did not read at all to read magazines than to sit and do nothing. At other sites, only the specified curriculum materials were available.

D. Computer-Assisted Instruction

Over time, computer-assisted instruction has been used to supplement more traditional education at all sites except Salem and Chula Vista. For a period of time, Salem's staff turnover impeded development of computer capacity, and after the staff member who was most active in using the computers left, computers were mainly used for word-processing participants' resumes. Participants at some sites attended a special computer lab once a week; at other sites, students spent up to half their regular class time working on computers. Staff noted that participants enjoyed working on computers because the machines permitted feedback that was both immediate and impersonal, protecting the young women from feeling stupid in front of their peers.

Computers became an effective mode of instruction only after an adequate number of them were acquired, the appropriate software was found, and the instructors became more familiar and comfortable with the software and with computers in general. Apple Computer, Inc., made an in-kind contribution of computer equipment to five sites to enhance their computer-assisted instruction capabilities. As noted below, this also led to increased integration of topics from other components. In addition, instructors appreciated the assistance computers provided in making it easier for participants to write essays and for the sites to produce newsletters.

E. Integration of Topics from Other Components

Integrating topics and themes from other New Chance components into the education component reinforced both the specific messages and the general goals of New Chance, and for this reason, integration was emphasized in the program guidelines. However, to achieve such integration, instructors had to move beyond the standard GED workbooks to devise exercises of their own. For example, during a class on percentages and fractions, one teacher showed participants pages from a newspaper advertising "15 percent off" sales and had them calculate what various items would cost; one instructor had participants plan a budget for a month; another had students figure out how they could administer a 3/4-teaspoon dose of medicine to their children.

At a number of sites – often over a period of time – topics and themes from other New Chance components were successfully incorporated into the basic education classes. Several factors aided this: education instructors whose goals went beyond helping young women obtain a GED, the availability of computers (which spurred integration efforts), and staff who worked

comfortably together. For example, the Minneapolis instructor also sought to improve participants' study skills, give them a broader view of the world, and improve their sense of self. At Minneapolis, the addition of a computer learning center became the impetus to better integration of components. Staff members developed a notebook with activities that pulled in information about different topics and that incorporated computer projects, writing activities, and reading assignments. Students also covered such topics as sex education and the history of contraception, Minnesota geography and the history of minorities in Minnesota, and Christmas shopping in different decades (to learn about minimum wages, inflation, and other aspects of economics). Participants completed written assignments for career exploration. As homework, they were asked to consider what effect having an additional child would have on their lives. At Detroit, the GED instructors have worked in the Apple Computer Lab and have been increasingly successful in integrating curriculum and materials from the parenting and employability areas. This is partly because education staff have been working at the site for a long time. The other New Chance staff readily accepted ideas from them, and vice versa.

It has been difficult, however, to integrate other components into education classes at sites where New Chance participants are mainstreamed with other students and the New Chance coordinator has no control over the selection of teachers. This is true at Chula Vista, Denver, and the Bronx. The GED instructors at Denver, whose classes include other students, felt that it would be too difficult to tailor materials for the New Chance enrollees they teach. The Denver writing instructor explained that if she were to teach writing skills using essay topics other than those included on the GED test, she would worry that she was not effectively preparing students for the test. (It should be noted that while the health and personal development components at the Denver New Chance program are well integrated, the education instructors are not considered part of the core New Chance staff.) Similarly, at Chula Vista, the coordinator has had no control over the selection of education instructors or over the content of their classes.

Integration has also been difficult when the instructors are at the site only part time. As discussed in Chapter 3, integration of content requires knowledge of the New Chance program and what is being taught in the other classes, and this type of information-sharing is hindered by limited communication among staff.

V. Employability Development

The New Chance model includes several employment-related components: employability development (a combination of career exploration and pre-employment skills training), work internships, occupational skills training, and job placement assistance. As a rule, participants attend employability development classes concurrently with education and personal development classes, before they enter the second phase of New Chance – occupational skills training and/or work internships. (Portland, which offers occupational skills training concurrently with education, is an exception.) Because this report examines only the first phase of the program, employability development is the only employment-related component discussed here.

The central purpose of employability development is to help participants (1) clarify their career goals and determine what type of training they are interested in (career exploration),

and (2) learn job-seeking skills – interviewing and resume writing – and the work habits and interpersonal skills expected by employers (pre-employment skills training).

A fundamental tool for achieving these ends is a vocational assessment. This assessment, which is completed for each participant (usually by the employability development instructor), is designed to help staff and participants in preparing individualized employability development plans. The guidelines specify that the assessments be used to guide the content of the employability development activities and that participants' job-readiness be reassessed at least one month before she starts a work internship or occupational skills training.

Career exploration classes, a second major element of the employability development component, are intended to widen enrollees' occupational horizons by enabling them to observe or learn about a broad range of available jobs. The guidelines detail the topics to be addressed, such as understanding the duties, education, and skills requirements for a range of jobs the participants are interested in and exposure to people actually doing those jobs. The guidelines also stipulate that all participants be exposed to nontraditional occupations for women. The third element, pre-employment skills training, builds on career exploration activities and focuses on the skills needed to look for, obtain, and retain a job, such as completing job applications, interviewing, and exhibiting appropriate work habits and work-related behavior. Career exploration and pre-employment skills training are combined into one class, which is expected to employ a variety of teaching methods (e.g., classroom discussions, field trips, guest speakers, and mock interviews).

Although all sites implemented the employability development component, sites found it difficult to fashion the classes according to the guidelines. Often there was no precedent at the site for operating or teaching employability development. Hiring instructors who were able to connect the assessments and classroom activities in a manner that participants found purposeful and engaging and that prepared them for the next phase of the program – work internships and/or occupational skills training – proved a considerable challenge. Over time, as participants neared the transition to the next phase, sites placed greater emphasis on the employability development component and increasingly met this challenge.

A. Assessment

Vocational assessments are part of more general assessments used to determine participants' needs and goals, and the steps the participant and staff members need to take to reach those goals. The purpose of vocational assessments is to discover a participant's employment interests, aspirations, skills, and abilities, and to consider what type of occupational skills training or further education the participant should pursue in order to achieve her longer-term employment goals.

The employability development instructor has usually conducted these assessments using either standard assessment tools or a questionnaire or checklist she has developed. Some staff had received training on a specific assessment instrument. In some cases, participants were sent off-site (e.g., to JTPA, a community college, or the school district) for assessment. At Lexington, a specialist from the school district who performs these vocational assessments has been located at the site.

Vocational assessments were usually completed soon after a participant enrolled in New Chance, in part because the assessment was also required by another funding source (e.g., JTPA) at some sites. On the positive side, some instructors used the assessments to make the component more responsive to individuals' interests. For example, at Detroit, after each participant selected an occupational area of interest, the instructor began a set of "career days" featuring a guest speaker from each of these areas. The Jacksonville instructor used the assessment to help participants understand more about the jobs they were interested in. For example, if a participant said her vocational goal was nursing, the instructor and participant together looked at different kinds of nursing jobs and explored the advantages and the challenges of each. Class discussions of participants' specific interests could also open new options to others. However, too often, vocational assessments have not been used to guide the content of the employability activities, partly as a result of the assessment tools used, which did not always yield very complete or useful information.

B. Career Exploration and Pre-Employment Skills Training

Career exploration and pre-employment skills training have generally been taught by the same instructor. The course begins with career exploration, which is followed by pre-employment skills training. Career exploration concentrates on exposing participants to various fields and careers, not on an immediate search for a job. Several instructors have taken participants to job fairs featuring employers in different lines of work. Most sites have brought in guest lecturers such as a personnel counselor, nurse, legal secretary, police officer, and representative from a community college program. The Minneapolis instructor showed a video about women in nontraditional roles. The pre-employment skills class covers job search techniques, applications, resumes, appropriate dress for the workplace, and job-keeping strategies.

Pittsburgh's employability development activities have been an exception in that career exploration and pre-employment skills training have been allocated to different instructors, permitting each to concentrate on a particular area. The classes were well structured and followed curricula specifically designed by site staff for New Chance. The Pittsburgh career exploration instructor emphasized three themes: learning about oneself (one's abilities, values, and interests), learning about different careers, and making decisions about careers. The classes used an array of instructional methods, including movies, guest speakers, field trips, role-plays, and writing assignments.

A number of sites have developed linkages with employers in the community who have supplied guest speakers and helped arrange field trips to their businesses. The person in charge of employability at Detroit has had good contacts with local employers, and this ability to draw on community support has boosted not only career exploration activities but also the placement of students in work internships. Career exploration has been handled in large part through a speaker's bureau of volunteers, who have made presentations at the site, as well as through field trips.

Although a few sites implemented well-conceived and well-executed employability development activities, in general, sites have had a number of difficulties putting them in place.

First, classroom activities have often been short on creativity and variety. Instructional methods have frequently been limited to lectures by the instructor, which have generated little discussion, and occasional guest speakers. Career exploration has been more difficult to implement than pre-employment skills training, in part because there are fewer curricula and resources available.

Second, several sites have given little attention to exposing students to occupations that are nontraditional for women, but that are well-paying and often do not require high levels of literacy. Instructors have responded that few students are open to nontraditional employment – their interests are often limited to such traditionally "female" fields as nursing and office work. While this is generally true, instructors have done little to change participants' perceptions about nontraditional employment.

A final problem is that sites have often not planned ahead to develop linkages with employers and with occupational skills training providers. Lack of planning at this early stage has made it more difficult for sites to move participants on schedule into the occupational skills training and work internship activities that make up the second phase of the New Chance model, as discussed in Chapter 7.

C. Staffing

While sites did not always hire staff with the skills required in the employability development area (in some cases, program coordinators were themselves inexperienced in this field and unsure of what sort of person to hire), it should be said at the outset that this is a hard position to fill. In addition to possessing teaching skills, the employability instructor should have knowledge of the labor market, good relationships with employers in the area, and an ability to work toward employment with the New Chance population.

Staff were usually selected because they fulfilled some of the necessary requirements. At one site, the coordinator hired an employability instructor who had a valuable asset – management experience, which provided insight into the employer's perspective on hiring – but did not have any prior experience in employability development. The program coordinator at another site had to fire two people responsible for career exploration: One was unprepared for working with teenagers, and the other had trouble functioning as a "team player" with the rest of the staff. At other sites, the employability component was added to the list of responsibilities of other New Chance staff (e.g., case managers or instructors in other areas).

Over time, some sites have found instructors able to generate enthusiasm among participants for the employment side of the program. But this has not been an easy task. The lack of packaged curricula appropriate for New Chance participants has often exacerbated the difficulties of inexperienced staff. Moreover, staff have reported that while there have been many exceptions, the majority of participants have not been very motivated to enter skills training or jobs. Their primary focus in the program has been to pass the GED test, and they have not been planning their futures far beyond that goal. In this respect, New Chance participants are like many other teenagers.

Furthermore, staff described program entrants as unrealistic in their aspirations and as knowing little about occupations and the skills they require. For example, one Chicago Heights enrollee announced that she wanted to be a nurse (along with many of her friends in the program, who were planning to pursue nurse's aide training), but acknowledged that she could not stand the sight of blood and hated to deal with people in pain. The Minneapolis instructor told of a participant who wanted to be a corporate lawyer after getting her GED. As one employability instructor remarked, "They think you should be able to get a GED, have a short training program, and get a job earning $30,000 a year." Changing attitudes such as these is a challenging task.

VI. Health and Personal Development Services

Health and personal development components consist of health education and services, family planning, LSO, and adult survival skills. Whereas participants have felt a need for the education component because they desired a GED, they have had to be convinced of the importance and relevance of these other components to their lives. The classes have tended to be discussion-oriented explorations of personal topics and have relied on students' active participation. Participants' interest has hinged largely on the rapport established between instructors and participants.

A. Health Education and Services

The goal of the New Chance health component, which encompasses both health education and health care services, is to help participants improve their health habits and develop healthier lifestyles. Participants' health-related attitudes, behavior, and practices affect their own health as well as the health and development of their children. Emphasis is placed on teaching participants the importance of preventive care and facilitating their access to health care services so they will become more comfortable using such services in the future for themselves and their children. Health education has been provided on-site, and health care services have been available either through hospitals and clinics or, at three sites, an on-site health care facility.

1. **Health education**. As prescribed by the guidelines, the health education segment includes a wide range of topics (not all of which are listed here). All or virtually all of the sites covered addictive substances, AIDS, using community resources, children's illnesses and immunizations, physical and emotional abuse, women's reproductive health issues, and the role of preventive care. Some sites also included cardiopulmonary resuscitation (CPR), human biological systems, depression, and stress management. Several instructors developed their own curricula based on the guidelines and thus covered the majority of the required topics. Some instructors gave approximately equal attention to adult and child health, while others emphasized maternal health.

Using the health care system is an important issue for participants. Outside the program, many participants receive health care at clinics, where they are treated by whichever doctor is on call, or at hospital emergency rooms, because these facilities will accept Medicaid patients. Staff indicated that participants are frequently treated brusquely by doctors and are easily

intimidated by medical personnel, and that fear of communicating with health care providers is a common problem. One way staff approached this issue was by helping participants formulate the questions they wanted to ask of doctors.

Staff have confirmed the need to include nutrition, hygiene, and exercise in the health curriculum. One instructor, for example, started each session by asking the group how they were feeling and reported that about half said they were not feeling well. She was concerned because "many have relatively low energy, may be depressed, have poor eating habits, and do not get much exercise."

Health instructors and child care staff reported that participants lack some basic information about infant nutrition and have poor nutritional habits themselves; for instance, few eat breakfast. Allentown's health curriculum has included separate nutrition and fitness classes. Several instructors added sessions and brought in guest speakers to talk about eating disorders, having noticed this problem among participants. Staff at several sites commented that some participants' bathing and cleanliness routines for themselves and their children were poor.

Drug and alcohol abuse were also included in the health education classes. Portland arranged for counselors from another community-based agency to provide drug and alcohol education, individual assessments, and, if necessary, referral for treatment. While staff members at some sites indicated that participants themselves did not have serious drug or alcohol problems, staff reported this as a common problem among participants' family members or partners.

Health classes were commonly integrated with parenting and family planning classes. For instance, AIDS and other sexually transmitted diseases were often discussed in both family planning and health classes. This integration has been facilitated by the fact that 70 percent of health instructors also taught family planning. Similarly, such issues as when to take a child to a doctor and household safety are related to parenting as well as to health.

The guidelines stipulate that staff conducting informational sessions should be health professionals or health educators who are experienced in working with young mothers. Accordingly, nurses or other health care professionals commonly taught these classes. Desired expertise in these areas was also obtained through outside speakers. At San Jose, for example, AIDS education was taught by staff from Planned Parenthood. Harlem relied exclusively on guest lecturers for health education; a different speaker for each session was chosen with participants' interests in mind. A drawback of this approach, however, has been a lack of consistency and follow-through from one session to the next.

The health instructors incorporated group discussions, videos, and other activities that enlivened the class. For example, one instructor took a class on a field trip to buy frozen yogurt as a healthful alternative to ice cream. Actual food preparation and exercise classes are other methods instructors have used to reinforce the messages.

2. Health care services. The guidelines require that participants receive a complete health examination soon after enrollment. Throughout their participation, free health care

(medical, dental, and psychological) must also be available, through on-site clinics, linkages with specific hospitals or clinics, or the medical facilities the participants have already been using. While staff members cannot compel participants to seek medical treatment, they can create an expectation that participants will receive these services.

Sites have differed in their adherence to the health care guidelines; those with on-site health care facilities (Jacksonville, Pittsburgh, and Portland) have been more likely to operate in conformity with the guideline requirements for health care services.[4] At Jacksonville and Pittsburgh, participants generally received a medical exam upon enrolling in the program. All participants at Portland were examined because the Job Corps requires a physical for all new students – a policy that is strictly enforced. Staff at sites with on-site clinics believe that having free, convenient medical services is helpful in getting participants to use medical care in a regular and preventive way. Staff at these sites have been aided in their effort to monitor services by the clinic staff, who have let the case managers know about appointments participants missed.

A handful of the sites that lacked on-site clinics developed linkages with health care providers and made an effort to monitor participants' receipt of health care services. At Denver, the staff developed a linkage with a county clinic and helped participants who wanted to shift their care to it. In addition, all participants were encouraged to have a medical exam soon after enrollment, and Denver staff developed a checklist of basic procedures for participants' doctors to complete. This process, adopted because participants had previously returned from appointments without adequate information about the exam or its results, facilitated staff monitoring of participants' receipt of health care services. At Inglewood, the health instructor (a health professional) conducted a health assessment at orientation. She referred participants for medical exams if they had a health problem or if they had not had an exam in a long time.

Other sites, however, placed little emphasis on ensuring that participants got a physical exam upon enrollment or received health care services thereafter. Staff at these sites did not routinely follow up on, or have much knowledge about, the medical services participants received, partly because participants were spread out among numerous providers, commonly using clinics near their homes.

Success in getting participants to use medical care in a regular preventive way and to adopt healthy behaviors has been most often cited by staff members at sites with an on-site health clinic. But changing other aspects of their lives, such as eating habits or smoking, has been more difficult. One instructor acknowledged that it is difficult for young women to project into the future and to realize how their current habits may result in illness later on. Another instructor, however, said she noticed a decrease in fast-food consumption (at least at the site), an increase in exercise, and more immunizations of participants' children.

B. Family Planning

An important objective of New Chance is to provide participants with the knowledge, services, and motivation to postpone further childbearing until they are in a better position to

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[4]Lexington's on-site health care facility provides mainly pediatric care.

provide for their families. Staff are generally in strong agreement with this objective and committed to communicating the message that participants can exercise control over their reproductive lives through conscious decision-making. Moreover, staff want participants to realize that family planning should be central to the way they conduct their lives, because another child will disrupt their plans for the future and their ability to reach their goals.

The program's family planning component includes three aspects: education classes or workshops, individual counseling, and linkages with family planning service providers. Family planning classes were held on-site (even when taught by staff from outside organizations), while participants generally received family planning services off-site. The guidelines specify that classroom instruction be provided by trained staff at least once a month, and two classes must be scheduled during orientation. The guidelines also specify the topics and required curricula. In addition, case managers must routinely counsel each participant on her family planning practices.

1. **Family planning education.** In order to help establish the program's expectation that participants delay another pregnancy, the guidelines require that family planning education begin with two workshops during orientation and that it continue thereafter through both monthly group sessions and individual counseling. Almost all the sites that have enrolled participants in groups have conducted the required two workshops that provide basic information about the reproductive system and pregnancy along with detailed information on contraceptive methods. Ensuring that these classes are scheduled has been more problematic in sites with an open enrollment policy, since it may take a few weeks to assemble enough new entrants to conduct a workshop. The Jacksonville site, where the sponsor agency is a community organization whose primary concern is reproductive health, has not always been able to hold the introductory workshops, but has given the subject considerable attention early in the program as part of case management.

After orientation, family planning education has continued with monthly group sessions at most sites.[5] In addition to providing information on the myths and realities of contraceptive methods, instructors devoted a significant part of these sessions to discussing sexually transmitted diseases, including AIDS, and the relationship between the prevention of disease and contraceptive methods. Other topics discussed include: basic anatomy, benefits of spacing one's children and planning family size, where and how to get services, partner involvement, and shared responsibility for contraceptive use.

The existence of public and private agencies that specialize in health and family planning issues makes linkages with such organizations an easy and attractive option for obtaining

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[5]Two sites did not implement monthly family planning classes. At Salem, instructors planned to rotate responsibility for conducting the monthly sessions and to integrate this topic with the other subjects they were covering (e.g., parenting and employability). Family planning classes tended to be neglected, however, largely as a result of staff turnover.

Minneapolis has used a module system in which subjects have been covered intensively for week-long periods. Consequently, participants have had family planning at the beginning of the program, and the message has been reinforced in other classes (such as LSO sessions) rather than through monthly group sessions on family planning.

trained staff for this component. Consequently, several sites (Lexington, Harlem, Philadelphia, San Jose, and Minneapolis) used guest speakers from Planned Parenthood or other outside organizations to conduct the monthly education sessions.[6] At other sites, New Chance staff (or other agency staff) have taught the family planning sessions. Although in-house staff may not have the level of expertise of personnel from other agencies, they have more experience with the program participants and the issues they face.[7]

2. **Individual counseling**. The second aspect of the family planning component is individual counseling. In most cases, responsibility for education and counseling has been divided among different staff, with case managers assuming counseling responsibilities. At three other sites (Allentown, the Bronx, and San Jose), the family planning educator also provided individual counseling services. At Allentown, the family planning educator has been on-site, which facilitated contact with participants; at San Jose, the family planning educator was at the site twice a month and was backed up by an on-site staff member.

A major issue for the program as a whole is that, at a number of sites, case managers have been reluctant to counsel participants about their use of contraceptives. As a result, such counseling may not routinely occur and may be inadequate if it does. Some case managers have resisted this role because they are uncomfortable with the subject; good overall rapport with participants has not translated into a feeling of ease in dealing with matters of sexuality. Others have felt they lack the required expertise about contraceptive methods. At several sites where the case manager is nominally responsible for counseling, the family planning instructors said that participants have brought questions and issues to them instead.

At other sites, case managers with caseloads higher than the limit of 25 specified in the guidelines (it was not uncommon for caseloads to exceed the specified limit by 20 cases, as discussed later) often found themselves moving from one crisis to the next, and did not have time to schedule regular individual counseling sessions. Although they may have felt comfortable with the subject of family planning, given the limited time they had to spend with each participant, they tended not to discuss family planning unless the young woman raised a specific problem. Changes in participants' lives that may have led to failure to continue with a contraceptive method tended to be unaddressed. This situation might be ameliorated if a staff member at a family planning provider with which the program has established a linkage were to serve as a substitute counselor, but the extent to which this has actually occurred is unknown.

3. **Linkages with family planning providers**. The third aspect of family planning involves linkages with family planning providers in order to assist participants in accessing appropriate medical services. The strongest linkages occurred where clinics are located at the site (Jacksonville, Portland, and Pittsburgh) or at another branch of the sponsor agency

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[6]It is important that instructors be informed about the latest technologies as new forms of birth control appear on the market. For instance, participants at two sites have chosen Depo-Provera, a long-acting contraceptive. The clinic at the Jacksonville site is authorized to provide the Depo-Provera shot and has done so for a group of participants. At Minneapolis, staff have referred participants who request Depo-Provera to a doctor in the community.

[7]At Harlem, these are referred to as "outreach instructors."

(Chicago Heights). A few sites without on-site clinics, however, have been able to develop strong linkages with off-site providers for both instruction and services. Allentown staff have referred participants to Planned Parenthood. At Lexington, a Planned Parenthood staff member has conducted the two introductory sessions, and new enrollees visited the agency, usually during orientation.[8] Staff felt that this arrangement worked well because knowing a staff member at Planned Parenthood made participants feel more comfortable in arranging visits to the facility. Participants at Lexington were also able to get exams and contraceptives from the University of Kentucky clinic and the County Health Department.

4. Increasing participants' motivation to use family planning. The family planning component poses difficult challenges because, as one staff noted, "Enrollees can verbalize the family planning message, but not put it into practice." Staff must not only provide participants with knowledge about contraceptive services, but also instill within them the motivation to use those services.[9] Staff have found that changing participants' behavior is complicated by the presence of new partners in participants' lives. Additionally, staff members noted that many participants have come from communities where women have not traditionally asserted themselves.

Staff have pointed to peer support as one effective method for increasing participants' motivation. A peer culture that rewards consistent use of birth control has been facilitated through group counseling sessions and family planning classes. These sessions were also important because instructors report that participants brought to class a lot of myths and misconceptions that the instructor could discuss with the group.

Individual counseling sessions, when they were held, also aimed to increase motivation to use contraception consistently and effectively. Staff at several sites have discussed with participants how another pregnancy would affect the probability of their achieving their goals; others have asked participants what another child would do to their lives and the lives of the children they already have. The Chula Vista case manager has asked participants to consider how they will educate their children and what they can give their children. These issues have also been addressed in other components. For example, sites have reinforced the family planning message by discussing in parenting class what the impact of another child would be, or by calculating in employability development how much money would be needed if another child came along, and how that child would affect career plans. Raising participants' self-esteem is important because, as one instructor said, "People become future-directed when they have a good sense of themselves."

C. The Life Skills and Opportunities Curriculum

Life Skills and Opportunities (LSO), a separate class with its own curriculum, was included in the model as a means of reinforcing objectives of New Chance, such as preparing

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[8]As noted above, Lexington's on-site clinic mainly provides pediatric care. It does not provide family planning services.

[9]As noted in Chapter 5, the enrollment forms completed by all enrollees give an indication of participants' family planning practices at the start of New Chance. Thirty percent of all enrollees reported that they or their partner did not use birth control at last intercourse.

participants to get a good job and assisting them in maintaining healthy lifestyles for themselves and their children. The curriculum seeks to help New Chance participants acquire "life skills" necessary for coping with the responsibilities and demands of adulthood and parenthood.

The LSO curriculum is designed to foster the following skills: decision-making, effective communication, assertiveness, problem-solving, contingency planning, and working in groups. The LSO curriculum addresses these skills in the context of four main areas of participants' lives: sexuality, relationships, parenting, and the world of work. Although these areas are covered in other components, the objectives of LSO differentiate it from the other classes.

LSO is also distinguished by the structure and format of the classes, which limit presentations by staff members and concentrate on participants' involvement in structured activities and discussions of their ideas, feelings, and beliefs. Each session (roughly one to two hours) consists of a variety of activities, such as a group discussion, role-playing by participants, and a small-group activity, all of which address the same topic. The ability to work with others is reinforced during small-group exercises as participants are assigned different roles: a leader, who coordinates the group; a recorder, who takes notes; and a reporter, who describes the group's discussion to the whole class.

The following exercises, summarized from four separate sessions in the LSO curriculum, illustrate the nature of the activities and some of the topics discussed.

From the session on decision-making: A group of participants receives a case study: "Marta is enrolled in a job-training class that starts every day at 9:00 A.M. Her mother babysits for her two-year-old girl, but Marta has to get the baby to her mother's house in time to catch the bus to her class. Today, the baby won't eat her breakfast, and if she fusses much longer, Marta will be late." The group's task is to list the choices Marta could make, describe what is likely to happen as a result of each choice, and develop a consensus on the best choice.

From the session on goals and stereotypes: A statement is read and participants indicate that they "agree," "disagree," or are "unsure" about the statement by moving to designated areas in the classroom. Participants then explain their views. Statements include:

a. Women are too emotional to hold a job like President of the United States.
b. In general, men should pay for dates.
c. Women should be more responsible than men for birth control.

From the session on male-female relationships: On the blackboard, the instructor draws a picture of a ship with waves beneath it and introduces the topic of male-female relationships by asking, "What are some of the things you would want in a relationship?" Responses are written inside the ship. (Responses have included: attraction, trust, honesty, friendship, freedom, sense of humor.) The instructor then asks, "What are some 'sharks in the water' that might destroy the

relationship?" These are written beneath the ship. (Responses have included: jealousy, parents who disapprove, lack of money, partner likes someone else.)

From the session on decision-making and communication in the world of work: "Phyllis has been working as a computer operator for six months on the night shift. Although she likes the work, and her supervisor has told her that she is doing a good job, she would really rather work the day shift." Participants are instructed to conduct a role-play in which Phyllis asks her supervisor about changing shifts.

The LSO curriculum is organized so that sessions build on skills learned earlier. For instance, when decision-making is introduced, participants discuss how to identify important decisions and how to think about the consequences of such decisions as getting to the program on time, dressing for a job interview, and finding a babysitter. Succeeding sessions connect decision-making skills to issues relating to sex and to employment.

LSO instructors were, on the whole, very positive about the curriculum. One instructor said she views LSO as central to the New Chance model because "so much of what the teens need is learning to get along with people, communicate, and not offend others." Another instructor believes that LSO is designed to "change enrollees' attitudes about what women can and can't do, and is seen as a place to talk about general problems that go undiscussed in other components." She described her goal as "teaching young women the skills such as assertiveness and responsibility that they didn't learn at home."

Several instructors felt that the curriculum was useful but that, given the tendency of teenagers to "live for the moment," participants were unlikely to change their decision-making habits immediately. The coordinator at one site believes that LSO "will be helpful later on because it helps them clarify their identities and teaches them decision-making skills that they may not appreciate or put into practice now." Similarly, another LSO instructor maintained that the class "plants seeds in participant's minds and gives them the information they may choose to draw on later."

Participants' interest in specific topics has affected the success of particular LSO sessions. Staff members commonly agreed that participants' favorite topics included sexuality, male-female relationships, and assertiveness, and that participants were less responsive to the sessions on breaking stereotypes and combining work and family. Instructors tried to make these latter sessions more interesting to participants by pointing out how the issues affect participants' own lives.

Because of the personal and sensitive nature of the topics and discussions, LSO demands a great deal from participants in the way of trust, sharing, and mutual respect. LSO leaders found participants to be comfortable in talking about personal issues. One instructor remarked that "participants share this type of information on their lunch hour." Another described participants as having respect for one another, noting that they handled differences and disagreements diplomatically. Most instructors were not aware of any breaches of confidentiality. At Pittsburgh, participants' discussions of personal issues were seemingly unaffected by the presence of men in the class. The instructor felt that having men in the class was helpful in giving the young women exposure to other points of view.

The LSO leader has been responsible for managing the discussion, keeping it spirited and focused, and involving all participants without letting a few participants dominate or intimidate others. Even skilled facilitators cannot always infuse excitement into a discussion in which participants pay limited attention to the small-group tasks and are reluctant to undertake the role-plays. One instructor cited rolling enrollment as one cause of this problem. Having new participants, who were unfamiliar with the rules and who missed the introductory sessions, join the class hindered the development of an intimate group and supportive environment, which are integral to successful LSO sessions. Poor attendance also adversely affected LSO sessions (perhaps more than other components) because of LSO's reliance on participant involvement and group activities.

D. Adult Survival Skills

A variety of skills required by working parents are included in the curricula of other components. For example, decision-making is covered in LSO, and helping participants become effective consumers of child care services is part of parenting classes. The adult survival skills component aims to teach participants a variety of practical skills that are not covered elsewhere in the program model. The guidelines define adult survival skills as consisting of the following areas and topics:

- **Money management:** budgeting, banking, taxes, shopping for price and quality, understanding and paying bills, and credit.
- **Transportation:** reading maps and schedules, telephoning for information, driver education.
- **Time management:** schedules, alarm clocks, priorities, and contingency plans.
- **Getting information and personal records:** using community organizations, public agencies, libraries, and newspapers.
- **Rights and negotiations:** anti-discrimination laws, child support, voter registration, tenants' rights, and job transitions and unemployment insurance.
- **Interpersonal skills:** assertiveness, telephone calls, and conflict resolution.

The guidelines explain that adult survival skills does not have to be a completely separate class; rather, the activities can be incorporated into other components or individual or group counseling. However, one New Chance staff member must be designated as responsible for ensuring that the topics listed above are covered.

Sites employed different strategies for implementing the adult survival skills component. Many sites incorporated these topics into other components. For example, the Jacksonville employability instructor took the class to the public library to get library cards (which they then used to research various occupations). While sites that included adult survival skills in other components generally met the requirement that these activities be provided at least three hours

per month, responsibility for coordinating this component was not clearly delegated to one staff member, and there was no plan for ensuring that these activities occurred.

Other sites covered adult survival skills in separate sessions led by New Chance or other agency staff. The time allocated to these sessions varied across the sites. In Salem, part of the education class has been set aside for adult survival skills. Harlem's schedule has included a life management class that covers required topics, such as employment benefits, time management, and bank accounts. Minneapolis covered adult survival skills in a week-long module during which the class discussed time management, money management, stress management, and accessing community resources.

Outside speakers have often been invited for discussions on specific topics. For instance, at the Bronx site, a staff member from the New York City Department of Consumer Affairs led a session on shopping wisely, and in Minneapolis, money management was discussed by Minnesota Financial Counseling, Inc.

Linkage staff from outside organizations (primarily Cooperative Extension Services, which are affiliates of land-grant universities designed to provide education to the community on practical issues) conducted entire adult survival skills classes at a few sites (Pittsburgh, Allentown, and San Jose). These classes typically focused on a single area. At Allentown, the Penn State Cooperative Extension taught a nutrition class. At San Jose, the Cooperative Extension of the U.S. Department of Agriculture and the University of California provided staff for money management and nutrition classes. The money management instructor described her goal for the class as helping the students make their AFDC checks last till the next check is due. While the focus was on participants' current situations, the instructor explained to them that the same principles would apply once they became employed. The curriculum covers values and goals, budget choices, checking accounts, credit and savings, and time management.

At Pittsburgh, adult survival skills consisted of a driver education class provided by a private contractor and consumer education classes provided by the Penn State Cooperative Extension of Allegheny County. The consumer education classes, held on-site in a large kitchen, emphasized a hands-on approach. For example, in learning how to develop low-cost meals, participants were given the opportunity to actually prepare them.

VII. Services to Assist the Development of Enrollees' Children

A. Parenting Education

The New Chance model includes a parenting component consisting of parenting classes. The guidelines discourage lectures and encourage active, participatory sessions. In addition, at least once a month, sites are required to offer hands-on, interactive parenting sessions in which both mother and child are present. The guidelines also discuss various topics to be covered, such as child development, coping with stress, and locating appropriate child care providers.

Parenting, like education classes, was a fairly easy component to implement, even for sites that did not start with a focus on it. This is partly because parenting instructors had fewer New Chance responsibilities than did other staff and could therefore devote somewhat more time and attention to their subject. In addition, MDRC trained parenting instructors with a curriculum designed for use with disadvantaged young mothers.

1. **The goal of parenting classes**. The goal of parenting classes is to help participants become better parents by enhancing their ability to foster their childrens' mental, social, emotional, and physical development. The parenting component also aims to improve participants' self-esteem by helping them see themselves as good mothers and feel more confident as parents, and to assist participants in coping with the stresses of parenthood. One parenting leader voiced another objective: to "teach participants that they are the primary teachers of their children. Therefore, their children learn what is appropriate from what they see their parents do." Another staff member summed up her aims as getting participants "to see their children as people, to understand their social and emotional growth, to enjoy their children."

2. **Topics to be covered**. Teaching participants about the developmental stages of childhood so that they can recognize and better understand age-appropriate behavior is a major focus of the parenting component. Knowledge about child development also enables participants to learn how to stimulate the child's mental and physical development at different stages. Participants learn about games and toys appropriate for children of various ages.

Child development is also relevant to participants' use of discipline. Staff (and many participants agreed) have tended to believe that participants need guidance on when and how to discipline, and that this is an area in which participants need to explore their own feelings and behavior. Lack of information on the developmental abilities and limits of children results in inappropriate discipline. Staff indicated that participants often expected too much from their infants and toddlers and that, for example, many participants viewed the normal contrariness of two-year-olds as a sign that their children were naughty.

It should be noted that some of the young mothers have good parenting skills. Nonetheless, staff expressed concern about aspects of some participants' parenting practices. As one staff member put it, "Many participants do not know the difference between disciplining and abusing their children. Because participants live in violent neighborhoods and are often abused themselves, they have a hard time understanding the line between discipline and abuse." Participants' use of physical punishment has been a particularly difficult issue; spanking and hitting have been very common, and many participants regard them as positive parenting practices. Instructors tend to disagree and have attempted to change participants' behavior by promoting alternative methods of disciplining children. Because parenting practices are a sensitive topic, however, instructors have felt they must be careful when expressing their opinions on the issue, especially when they come from backgrounds different from those of the students. One parenting instructor dealt with this issue by asking participants to reflect on their own past, think about whether they liked to be hit, and ask themselves whether being hit ever helped them. The instructor believes that, over time, participants often realize that they did not like the way they were disciplined by their own parents. Some parenting leaders also

hope that, by having participants think back to their childhoods, the young women will better understand the origins of their own childrearing practices.[10]

Some participants have serious conflicts with their mothers, which has complicated their efforts to be effective parents in their own right. Thirty-four percent of enrollees lived with their mothers at enrollment, and the dual role of being both a mother and a child in the household is confusing. Many participants look to their mothers to help care for their children but also realize that they want to raise their children differently from the way they were raised.

Other topics that have been discussed in parenting classes include: nutrition, child health and immunizations, home safety, how to read to children, how to have fun with children, and locating child care services. Staff reported that participants were interested in learning how to accomplish specific goals (e.g., toilet training and establishing bedtime routines). Participants also seek reassurance that they are not alone in their problems.

Despite having far-reaching goals, parenting leaders at almost all sites spent more time than anticipated on very basic material. For instance, staff found participants lacking in information about such topics as general hygiene, bathing a child, giving a child medicine, taking a child's temperature, and knowing what to feed a newborn or an infant.

This lack of knowledge has been a problem because many participants are highly invested in seeing themselves as good parents and resistant to the idea that they lack parenting skills. Unlike education, parenting is a class they do not think they need. A San Jose staff member noted, "The New Chance enrollee sincerely wants to be a good parent, but doesn't want to change her own parenting practices. Parenting is something that (in contrast to school tasks) she thinks she can do adequately."

Instructors reported that they tried to present topics in a creative way, acknowledging that on many issues there are no right or wrong answers – that each participant should use her best judgment. But, as noted above, on some issues – such as discipline or feeding an infant – instructors do believe that there are wrong ways of interacting and behaving with children. Consequently, instructors have searched for a balance between "teaching" and "providing support." The Inglewood parenting instructor reported that participants can be very supportive of one another and that she has tried to use this dynamic. Rather than lecturing participants about not spanking their children, she has tried to get participants to come up with the idea themselves and to present it to one another. The Bronx instructor has dealt with this issue by covering particular subjects in two sessions. In the first, participants expressed their own opinions, and in the second, they learned important facts or "how-to" information. The instructor felt that participants were more ready to listen to new ideas after they had a chance to express their own views and to hear other participants whose opinions might have differed from theirs.

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[10]In this regard, staff generally shared the opinion, expressed by a Detroit instructor, that participants' parenting weaknesses stemmed from a lack of positive role models and support systems in their lives.

3. **Parenting curricula and activities.** Staff views of participants' responses to the parenting component varied across the sites. At the Philadelphia site, among others, staff reported that participants liked parenting classes because they offered an opportunity for the young women to talk about their children. At other sites, participants were said to resent the time they were required to spend in parenting classes and to be mistrustful of leaders who did not have children themselves. As with the health and personal development components, the instructor's rapport with students has been extremely important.

Accordingly, staff have been challenged to make the class fun and lively. Sessions generally consisted of a mix of lecture, discussion, games, and other activities. Instructors reported that activities that generated spirited discussions among participants were the most useful. Participants were also interested in hearing examples from an instructor's own experience. Instructors generally worked with a variety of curricula, with many using *A Guide to Helping Young People Parent*, developed by the New York City Department of Health and provided to all New Chance sites (New York City Department of Health, 1990). Minneapolis joined MELD, an organization that developed a program and set of criteria – known as MELD Young Moms (MYM) – for organizing parenting classes. Part of the MELD model involves having their own graduates and other women in the community serve as role models and facilitators of MELD's parenting support groups. Initially, MELD staff led the parenting groups at the New Chance site; subsequently, MELD staff trained New Chance staff and a New Chance graduate to conduct these classes.

The Detroit instructor began each class by having someone in the group recount the story of a positive mother-child interaction. Classes in Philadelphia began with participants writing in journals to their children; the idea is that the children will read these journals when they are older. Topics the young women have written about include: the child's father, something humorous the child did, what it felt like to be pregnant, and what the participant wants for her child. During each class, participants also learned a song, poem, game, or short nursery rhyme they could teach their children. Outside speakers were sometimes invited: A nurse talked about when to take children to a doctor versus an emergency room; a psychologist spoke about appropriate games for children; and a doctor from a local health clinic talked about children's nutritional needs. Staff have also left time for participants to discuss issues in which they were particularly interested.

4. **Parent-child interaction**. In general, it has been difficult for instructors to track improvements in participants' parenting behavior at home. It is advantageous, therefore, for staff to observe as much interaction between participants and their children as possible at the site. Almost half the sites (Allentown, Lexington, San Jose, Detroit, Portland, Denver, and Minneapolis) included parent-child interaction as part of regularly scheduled parenting activities. (As noted earlier, this was a required part of the program.) During these "parenting labs," participants were generally engaged in a hands-on activity with a child (sometimes their own, sometimes another child) while staff looked on and answered questions as needed. These interactions were designed to benefit staff as well as participants. Participants learned how to have fun with their children while also gaining knowledge of child development. At the same time, staff had an opportunity to detect problem areas and to determine whether participants were making progress on particular aspects of parenting.

Six other sites (Salem, Philadelphia, Jacksonville, the Bronx, Chicago Heights, and Harlem) occasionally scheduled field trips or activities that enabled staff to observe participants' interactions with their children. At the Harlem site, participants prepared for a trip to the American Museum of Natural History by selecting two parts of the museum that they wanted to visit with their children. Then they went to the library and researched the relevant subjects. The parenting instructor contributed to the visit by developing a session titled, "Answering Your Child's Question." Another site conducted a field trip to the zoo, during which one instructor noted that the participants were enjoying one another's company but seemed to be paying little attention to their children. She urged them to interact more with the children (e.g., by talking with them about the animals).

Home visits are another means of obtaining information about parent-child interactions. Within three months after each participant's enrollment, the Chicago Heights parenting instructor has visited her at home to learn about areas in which she needed help. The instructor observed the participant's interaction with her child and administered an assessment test to gauge the child's development. The instructor then provided feedback to the participant on what she observed.

In the absence of home visits, staff must rely on what participants tell them. One Denver instructor gave small homework assignments to elicit information on the participants' home life. She asked participants to observe carefully the circumstances that led to an incident of spanking, to try something different the next time those circumstances occurred, and finally to report back to the group about how it went. The Chula Vista instructor began each class with ten minutes of "sharing," in which participants discussed what they did with their children and family over the weekend. This enabled her to get a feel for the degree of turmoil in their lives and the kinds of interactions participants have with their children.

Child care staff can play an important role in helping parenting instructors diagnose problem areas. At Allentown, child care staff recorded their observations of the participants' behavior with their children daily, and these notes were collected and reviewed at the weekly staff meetings. At Chula Vista, the parenting instructor has had a unique opportunity to observe participants as well as their children because she is the director of the on-site child care center. The Denver parenting instructor indicated that she worked with the child care staff to develop games, activities, and observation forms for the parenting lab sessions.

B. Child Care

As stated in the guidelines, child care is a key component of the New Chance model, for two reasons. First, a basic assumption is that free, reliable, and convenient child care facilitates enrollees' participation in New Chance activities. Second, the child care component represents the program's most direct opportunity to affect the development of participants' children. This section discusses participants' use of different types of child care, and sites' assistance in helping participants arrange off-site child care.

The guidelines are less prescriptive about the nature of the child care services that sites must provide than they are for other components. They state that "every New Chance program is encouraged to operate a child care facility at the program site." If an on-site

facility is not available, or if participants prefer to make other arrangements, the program is expected to play an active role in ensuring that every participant has a child care arrangement compatible with full-time program participation. To this end, staff need to know about available child care resources, and because the care must be provided at no cost to participants, staff must figure out how to access other sources of funding for those services. At most sites, participants are eligible for child care funded through the Family Support Act, JTPA, Head Start, or the federal Social Services Block Grant.

Most sites complied with these minimum requirements. Twelve sites provided on-site child care services at no cost to participants, although two of these facilities provided temporary or drop-in services only.[11] To varying degrees, on-site centers provided developmentally oriented child care, and New Chance staff members evaluated and, in a few cases, established formal linkages with off-site child care providers.[12]

1. Child care usage. Information on the type of child care used by New Chance participants (at a point in time) was derived from staff reports for all participants active as of April 1, 1991.[13] Twenty-nine percent of their children were infants (less than one year old), 52 percent were toddlers (one to two years old), and 19 percent were pre-schoolage (three to five years old). Staff were asked whether the care for each child was provided by an on-site child care center, off-site center, family day care center, or friend or relative. The results are shown in Table 6.3 and discussed below.

- Overall, 61 percent of the children attended a day care center (35 percent an on-site child care facility and 26 percent an off-site center); 14 percent were cared for by family day care providers; and 25 percent were cared for by a friend or relative.[14]

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[11]In addition, there is a child care center at the same location as the Minneapolis site, but this center is not operated or managed by the New Chance agency.

[12]For a period of time, the state's fiscal situation prevented the Chicago Heights site from providing child care services to new enrollees. The state welfare program that had been funding child care services for New Chance participants stopped enrolling new clients from January 1991 through the end of June 1991. As a result, the site restricted enrollment in New Chance to individuals able to make their own child care arrangements (i.e., those with relatives to care for their children). This situation was eased somewhat in April 1991, when a new JTPA contract enabled the New Chance program to provide child care funding through JTPA for the group of participants eligible for JTPA services.

[13]This sample consists of 560 participants across all sites, who had a total of 828 children. Table 6.3 shows the type of child care used by 719 of these children. Not included in the table are 44 children whose type of care was categorized as "other": children in school, children not in their parents' custody, and children of enrollees who had been randomly assigned recently and for whom no care had yet been arranged. In addition, child care data were not available for 65 other children.

[14]New Chance participants' extensive use of child care is notable in light of other studies of programs for welfare mothers that have found child care expenditures to be below projected levels. Low utilization rates of program-financed child care can be explained by factors other than a lack of need for such care.

(continued...)

TABLE 6.3

USE OF CHILD CARE BY NEW CHANCE ENROLLEES, BY AGE OF CHILD

Child Care Arrangement	Less Than 1 Year Old (Infant)	1-2 Years Old (Toddler)	3-5 Years Old (Preschool)	Total
Day care center	56%	58%	74%	61%
On-site day care center	35	35	33	35
Off-site day care center	21	23	41	26
Family day care	20	11	12	14
Friend or relative	24	30	14	25
None	0	0	0	0
Number of children	208	375	136	719

SOURCE: MDRC calculations from New Chance program records.

NOTES: The sample includes children of active enrollees as of April 1, 1991. Not included in the sample are 44 children whose type of care was categorized as "other": children in school, children not in their parents' custody, and children of enrollees who had recently been randomly assigned and for whom no care had yet been arranged. In addition, child care data were not available for 65 other children.

Distributions may not total 100.0 percent because of rounding.

- Seventy-four percent of pre-schoolage children (aged 3 to 5) attended a day care center, as did 56 percent of the infants and 58 percent of the toddlers.

- Family day care was selected more often for infants (20 percent) than for toddlers (11 percent) or pre-schoolers (12 percent).

- Friends or relatives were used to care for toddlers (30 percent) more often than for infants (24 percent) or pre-schoolage children (14 percent).

This information is consistent with other data showing that AFDC recipients more commonly use center-based care for older pre-schoolage children, while preferring relatives or family day care for infants and toddlers (Sonenstein and Wolf, 1991).

2. **On-site day care facilities**. Staff believe that on-site child care is advantageous for participants because of its convenience: It lessens the transportation barriers to attending the program and gives participants the comfort of being able to drop in and visit their children. In addition, on-site child care centers facilitate the integration of the parenting and child care components partly because, during "parenting labs," participants get to observe children who are at different stages of development.

The effect on participants' attendance of using on-site day care facilities is not known. However, staff reported that a problem for participants with children in on-site centers (and, generally, off-site centers as well) was that none of the centers accepted sick children. While

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[14](...continued)

For example, partial results from an MDRC survey of teenagers in Ohio's LEAP program indicate that only about 14 percent of the teens who reported being enrolled in school said they were using a child care arrangement funded by the welfare department (Bloom et al., 1991). This lower-than-anticipated utilization rate appears to have resulted from several factors: state rules mandating that public funds be used only for licensed or certified providers, a shortage of infant care slots in some areas, teen parents' preference for care provided by relatives, an absence of child care at the school site, and a lack of available providers near a teen's home or school.

MDRC also conducted a study of the child care arrangements used by older welfare mothers participating in the Greater Avenues for Independence (GAIN) Program in California (Martinson and Riccio, 1989). Among the mothers who were required to participate and actually did so, 29 percent used a GAIN-funded child care arrangement for their youngest child, who was between the ages of 6 and 12. Thirty-one percent did not require child care because their GAIN activities (which were generally less intensive than those in New Chance) took place entirely during the hours their children were in school.

New Chance participants' utilization of child care is more closely akin to that of women with pre-schoolage children who volunteered for GAIN but were not required to participate. Of this group, 68 percent used child care funded by GAIN. However, because volunteers accounted for only a small part of the GAIN caseload, they were responsible for a much smaller share of the program's child care expenditures than were mandatory registrants.

staff may have discussed the need for back-up care with participants, many were repeatedly absent because they had to stay home to care for sick children.

On-site child care centers varied in the type of care they provided. Two sites (the Bronx and Philadelphia) provided only temporary child care, which was available until participants made regular arrangements or when their arrangements broke down. Other sites offered care that, in addition to providing a safe place where parents could leave their children, promoted and enhanced children's cognitive, emotional, social, and physical development. The staff at these sites reported that activities at the centers were based on the developmental level of individual children and that developmentally appropriate materials and equipment were available. Some on-site centers followed a specific curriculum. For instance, Pittsburgh used a curriculum developed by the University of Pittsburgh's Institute for the Black Family. It was designed to increase childrens' self-esteem, persistence, self-reliance, and respect for themselves, the staff, and other children. The on-site center at Portland is a Head Start center. At Detroit, New Chance was implemented shortly before a new director was appointed for the pre-existing child care center. This director was strongly committed to a developmental approach.[15]

The ratio of children to staff at the on-site centers generally fell within the prescribed standards for licensing, although these standards varied somewhat across the sites. The child-staff ratio for infants usually fell between 3:1 and 5:1; the ratio for toddlers and children over two years old ranged from 4:1 to 12:1.

At sites with an on-site child care center, between 7 percent (at San Jose) and 100 percent (at Allentown) of participants' children attended the center (as of April 1, 1991). There were several reasons for this wide variation. Site policy had an effect: Allentown required all participants to use the on-site center (except for schoolage children or those with special needs). The availability of slots in the appropriate age category also affected use: At San Jose, the lack of infant and toddler slots prevented New Chance participants from bringing their children to the center.[16]

A participant's use of day care centers also depends on her preferences as to types of care and the convenience of different options. Participants' trust in the child care center and its staff have been major factors in their use of on-site day care facilities. Initially, participants were often wary of child care centers and needed to be reassured that the center was not a "warehouse" or a place where children were abused, like a few centers in the news. Some participants believed that a relative or friend would provide better care, and some were pressured by a family member not to place their children in a child care center. One participant with two children thought the on-site center provided good care but only used it

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[15]At this time, data are not available on the extent to which on-site child care centers followed a developmental approach or on the quality of the services. Many sites were licensed by the state or county, but licensing standards vary across localities and are often minimum standards, not goals that providers strive to achieve.

[16]Participants' use of on-site child care may change when the participant enters off-site occupational skills training or a work internship and child care more convenient to that location is available.

for her older child because traveling daily with two children on public transportation would have been too difficult.

Participants who chose to use a site's child care center typically reported that they were pleased with the care their children got. One participant remarked that the center is good for her children because it "gets them ready for school, and teaches them to interact with other kids. At home they don't get to know other kids. They acquire values such as learning to share, and they learn the alphabet and table manners."

3. **Staff assistance in locating off-site child care.** Off-site care can be provided in a day care center, based in a provider's home, or given by a participant's relative or friend. Participants use such services because they prefer to or are prevented from using the on-site center. Sites have adopted different procedures for ensuring that all participants find convenient child care in a place that participants feel comfortable leaving their children. Some sites relied on a local child care resource and referral agency that provided participants with a list of providers and advice about finding good care. These are nonprofit agencies funded by both public and private funds. At other sites, case managers themselves gave participants a list of providers and helped them locate care. Still other staff stated that participants generally found child care providers on their own, although staff members were willing to help.

The organization of child care services at Inglewood illustrates how sites that are unable to provide on-site child care can nonetheless influence the quality of the care participants' children receive. At Inglewood, all participants had to make their own arrangements for child care, with help from New Chance staff. Staff placed great emphasis on the reliability and stability of the care, and discouraged the use of family or friends who might subsequently change their minds about caring for participants' children. Inglewood staff visited prospective providers drawn from a list of licensed facilities approved by the local child care resource and referral agency. Safety was a major criterion, as were cleanliness, adequate indoor and outdoor space, appropriate staff/child ratios, and nutritious meals. The child care coordinator/parenting educator helped participants select a provider from the list. During the period under study, ten child care homes and three centers served New Chance participants. One advantage staff cited of securing off-site child care that was convenient and reliable is that participants were often able to keep their children with the same provider after they left New Chance.

The Inglewood sponsor agency has organized these child care providers into a network whose members meet monthly. Providers have enjoyed this opportunity to discuss with other providers, the New Chance coordinator, and the New Chance parenting instructor delivery of age-appropriate services, child development concepts, toilet training, separation anxiety, and other issues. The Inglewood staff encourages the providers "to see themselves as role models and extended family for the participants."

VIII. Case Management

"Case management" has become a common function in many employment and training programs. Yet this term has many different meanings. New Chance case managers have had multiple responsibilities including orienting new enrollees to the program, assessing participants,

monitoring progress, counseling individuals, keeping records, and advocating on the students' behalf. In addition, three-fourths of all case managers also taught one or more classes in New Chance and/or were responsible for recruiting new enrollees. At many sites, some case management functions have been performed by staff other than the case manager. For example, at some sites, the employability development instructor may be responsible for monitoring the progress of participants in work internships or skills training. As the staff member most knowledgeable about a participant, case managers have been involved in programmatic decisions concerning the participant such as selecting suitable work internship and occupational skills training options, or deciding when to terminate the individual from the program.

The ongoing relationship between the case manager and the participant is critical and demands sensitivity and individualized attention and guidance. The New Chance model calls for caseloads no larger than 25, and no larger than 15 if case managers have other responsibilities, to enable case managers to provide the attention and support each participant needs. The guidelines indicate that case managers should meet individually with each of their participants at least every two weeks. As discussed below, as enrollments in the program rose, sites became unable to comply with these guidelines.

A. Building Relationships with Participants

Qualities program coordinators sought in case managers included good communication skills, counseling experience, teaching credentials, and pleasure in working with young people. Coordinators also looked for case managers who could serve as role models for participants. One coordinator expressed a preference for hiring females and minorities for this reason. Several case managers were themselves single parents; they felt that this common bond helped them communicate with participants and build the trust that is so essential to effective counseling. One case manager, who came from a poor family, had a child as a teenager, and was left by her partner soon after her child was born, told participants that she had found herself without means of support but had "made it," and they can too. Similarly, the Chula Vista case manager said she often told participants, "I remember when my kids were young and did that" or "I went through that too." She adds that "when participants feel that you have gone through the same thing, they open up to you."

At most sites, participants were assigned to a particular case manager when they enrolled. Each participant generally had an individual session with her case manager during orientation or the first or second week of program activities. Case managers usually conducted an overall assessment of participants early on to discern and discuss with participants any issues that threatened to block their efforts to attend New Chance.

The Bronx, Denver, and Pittsburgh sites have had male and female case managers. The Pittsburgh male case manager spoke for his counterparts at the other sites when he expressed his belief that a male case manager "allows [participants] to get support and affection from men without having strings attached, and also to see men they can respect."

B. Advocacy

"Advocacy" refers to helping participants negotiate with other agencies (such as welfare or housing agencies) by providing information, contacts, or advice. It also involves working with other New Chance or agency staff, or with a participant's family member. Sometimes case managers referred participants to another organization for service. Making referrals was facilitated at sites where many agencies were located in the same building, as well as by good connections with outside agencies. Case managers often have developed relationships with staff at other agencies that helped New Chance participants access those services. Furthermore, through their advocacy work, case managers showed participants how to gain access to such services on their own and supported the young women's efforts to do so.

C. Monitoring Participants' Progress

Monitoring participants' progress involves receiving information about students' participation in program activities, as well as keeping track of the services participants need and have received. Often other staff members assumed some of these responsibilities, such as tracking participants in off-site activities or charting attendance. Case records containing an individual service plan (ISP),[17] attendance data, and other pertinent data needed to monitor participants' progress were usually maintained by the case manager, although the quality of these records varied.

Case managers with teaching responsibilities could directly monitor participants' behavior and attitudes in their class. Staff meetings at which all New Chance staff discussed certain participants ("case conferences") helped case managers monitor participants' progress in the other program components as well. When participants were absent, the case manager (or another staff member) called the student. This was done, at most sites, after one or two days of absence. Monitoring participants' receipt of services not provided by New Chance (such as mental health counseling or housing assistance) was facilitated when the services were provided by another part of the sponsor agency because it was relatively easy for the other staff members to let New Chance staff know whether the participant showed up for an appointment. When participants were referred elsewhere, the case manager needed to call the service provider.

D. Counseling

Case managers feel that, to be effective counselors, they need to know about the participant's living situation; relationship with parents, partner, and children; educational level; and goals. They begin acquiring this information at their very first meeting with participants – generally at the time of enrollment.

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[17]An individual service plan documents information from the case manager's initial assessment session with the participant, in which they set short- and longer-term goals and a time frame for reaching them.

Many case managers developed good rapport with participants. Participants have described their case manager as a "friend" and "sister." One noted that the staff were very supportive and are "like one big family." She liked the fact that she could drop by any time she wanted to, and not just at her scheduled times. Another participant said she felt closer to her case manager than to other staff because she is "someone you can trust and can tell anything to."[18] In some cases, however, a participant feels closer to another staff member. Case managers generally acknowledge that they cannot develop the desired relationship with all participants.

At more than half the sites, case managers did not adhere to the guidelines' requirement that meetings be scheduled at least every two weeks. Especially as their caseloads increased (see the discussion below), many felt that they were too consumed with other responsibilities, including dealing with the problems and crises of participants, to adhere to a formal schedule of meetings. In addition, some case managers felt that participants were more resistant to scheduled meetings and more open during informal conversations. Case managers at all sites met with participants more often on an informal than on a formal basis, and participants reported that they felt free to visit their case manager whenever they had a problem, and often did so during lunch or a break.

In this regard, it is important to note that case managers have been pressed by rising caseloads: At virtually all sites (except those with low recruitment or poor retention rates), caseloads have at some point exceeded the maximum recommended size. At most sites, one or two staff members were assigned to do case management. Therefore, as enrollment increased, caseloads often rose into the forties and, at a few sites, to as high as 60 or 70.[19] High caseloads coupled with other program responsibilities (such as teaching a class) have forced many case managers to rely on informal meetings with participants, to delay contacting absent participants, and to reduce other monitoring and record-keeping activities.

Staff turnover has also made it difficult for case managers to schedule meetings with participants on a consistent basis or to keep up with the required record-keeping. At some sites, it took several months to replace a case manager, during which time the remaining case manager and other staff had to take over.

IX. Activities Beyond the Components

Part of the challenge of operating New Chance is being flexible enough to deviate from a planned agenda or to add activities that are not prescribed by the model in order to address students' concerns in a responsive manner.

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[18]While participants may view the relationship with their case manager as "like a friend," case managers note that they make an effort to maintain a professional distance in their relationships with participants.

[19]At any time, some percentage of the caseload was inactive. Nevertheless, case managers spent time working with these individuals to the extent that they kept in touch with them and encouraged them to return to the program.

At one site, a large proportion of the young women were involved with young men who were incarcerated and would be released around Christmas. In preparation, the site invited five female parole officers to address the New Chance participants. The parole officers warned the young women that their boyfriends would emerge from prison more cynical, more violent, and quite possibly HIV-positive. They talked about the HIV/AIDS risk and also advised the participants to get the parole officer's name and social security number and call the officer at the first threat of violence.

A program recruited a cohort that included many Hispanic young women. This led to some tensions between the new arrivals and the site's earlier enrollees, who were predominantly black. The program sponsor put together two special sessions on cultural sensitivity that were jointly run by a case manager and the agency's clinical director.

There were also activities that fell outside the province of specific components but nonetheless illustrate the way in which the program encourages people to build on what they have learned in various activities and to assert themselves in new and forceful ways. For example, several sites have a newsletter with student editors. This offers the students a chance to use their education skills in an enjoyable and challenging manner.

As another example, a government official in one state that was home to a New Chance site proposed a reduction in AFDC grants. Quoted in the local newspaper, he remarked that if his plan were adopted, welfare mothers would have less to spend on frivolities. In response, New Chance site staff encouraged the students to write letters to the official. In these letters, students expressed a strong desire to improve their situations and voiced their resentment of the official's remark. As a representative letter put it:

I am an AFDC mother. I have to extend my money. I am single and support my child and myself. I don't spend money on what you call frivolities. I am going to school to further my education for my child and myself.

If you were an AFDC dependent try to budget yourself on a check that is $560 a month. You tell me how do you want me to budget myself on $511 a month?

My monthly budget is as follows:

Rent	$400
Pampers	20
Food	75
Utilities	30
Phone	20
	$545

Most letters contained postscripts announcing that the writer had recently registered to vote.

The letters demonstrated that students had learned the etiquette of the standard business letter (including, in this case, the salutation "The Honorable"). Neatly typed and formatted, they showed that students had mastered basic word-processing skills. The letters contained the budgets students had worked out in money management classes. Perhaps most important, the letters showed that these young mothers were learning that the assertiveness skills emphasized by LSO in the private sphere have a place in the public arena as well. They were learning that they could be more than the passive objects of public policy. They were learning that by letter-writing and voting they could express their opinions and exercise their rights of citizenship.

X. Summary

The New Chance guidelines specified many features of the components making up the New Chance model. This chapter's description of these components demonstrates that, in general, the guidelines were followed and some sites offered activities beyond those explicitly stated in the model.

It has been relatively easy for sites to find teachers for the education classes. Most participants have viewed passing the GED test as their primary goal, and sites have struggled to motivate students whose skills levels make achieving this goal unlikely.

Many sites had difficulty finding an instructor for employability development (career exploration and pre-employment skills training) who was also skillful at moving participants into occupational skills training and work internships. In general, sites need to pay more attention to structuring and planning the employment-related aspects of their programs. Participants have entered the program with clear goals for the education component (get a GED), but they have been less enthusiastic about employment issues.

Health and family planning education have proceeded relatively smoothly, although sites have been less successful in making sure that participants receive health and family planning services. Many case managers have had difficulty counseling participants on an individual basis about their family planning practices.

LSO and parenting classes were both relatively easily put into place. The success of the LSO format, which featured participant involvement and small-group activities, prompted other New Chance instructors to use the LSO curriculum as a model for incorporating an active, hands-on approach to their classes.

The relationships between case managers and participants have been critical: Case managers serve as role models for participants and help them deal with the crises in their lives. The New Chance guidelines call for a caseload limit of 25, but this was often exceeded because of increasing enrollments.

CHAPTER 7

ATTENDANCE AND PROGRESS IN NEW CHANCE

I. Introduction

The preceding chapters have examined the sites' experiences in getting New Chance off the ground, recruiting enrollees, and implementing the program components. This chapter centers on the attendance and progress of the enrollees during their first months in the program – matters of concern to both program operators and researchers.

Attendance is an operational issue because high absenteeism is demoralizing to those participants who do come as well as to staff members and because it makes it hard to run a good program. Most of the New Chance components function much better when there are enough students to have a lively discussion and to increase the chances that different opinions will be aired. The LSO component, focused as it is on group process and the development of more positive interaction styles, is especially likely to falter when too few participants are present.

Moreover, a critical mass of young women who come regularly helps create a group norm that supports good attendance. When young women see that most of their peers are usually present, they are more likely to think of the program as something they themselves should take seriously. Under these conditions, too, they are more apt to disregard a slight ailment or bad weather – i.e., the minor factors that can otherwise cause absenteeism.

Attendance and retention are important issues from a research as well as an operational perspective. In New Chance, as in other essentially voluntary programs, the program will be effective only if people actually participate in it, although just how much participation is required for impacts to occur is an open question. (In contrast, mandatory programs for welfare recipients may have effects on some people who do not participate if the mandate prompts them to seek and find employment on their own, or if their welfare grants are reduced through a sanction.)

The next section of the chapter presents a statistical overview of the behavior of the young women during the first four months after random assignment. Section III contains statistics on the extent of attendance in the first months after random assignment, discusses explanations for absenteeism, and examines how sites have responded to these problems and the best practices and lessons these suggest. Section IV considers terminations from the program within the four- and eight-month time frames.

While attendance and retention are the main topics of this chapter, Section V presents statistics on participants' early achievements. Measures of progress include the proportion of participants receiving GEDs and moving on to skills training and work internships.

The data in this chapter confirm that attendance and retention have posed serious challenges for most New Chance sites, as they have for many other programs serving disadvantaged youth.[1] Many of the young women participated regularly, sometimes in the face of serious obstacles. However, many others attended less frequently and ultimately left the program before obtaining a GED or achieving other major milestones. The patterns of attendance, retention, and early outcomes reported here are quite consistent with those of similar initiatives for this same population and confirm the challenge of involving them in a complex, demanding intervention. Section VI of the chapter grapples with this issue.

In reading this chapter, it is important to remember that during the period under discussion (August 1989 through December 1990), many sites had not yet reached operational maturity. Thirteen of the sites did not begin enrolling demonstration participants until January 1990 or later, with five of these starting intake only in May or later. Moreover, the analysis tracks the activities of enrollees for a relatively brief time – only four months – after they entered the program. For over half (57 percent) of these young women, the first four months of participation coincided with at least one summer month, when program activities were curtailed or when sites closed entirely for vacation. For all these reasons, the story in this chapter is a start-up story, one likely to change over time.

II. An Overview of Program Dynamics

Two main groups of enrollees are followed in this chapter:

- **The four-month sample.** This consists of 738 young women who were enrolled in New Chance (i.e., randomly assigned to the experimental group) before or during September 1990. They were followed up for the first four months thereafter (counting the month of random assignment as the first month of follow-up). This follow-up period was chosen because it roughly corresponds to the first phase of the program, as specified in the program guidelines. The sample excludes young women at the Chicago Heights program because, due to the late start of random assignment at the site, only five young women were enrolled by the end of September 1990.

- **The eight-month sample.** This consists of the 369 young women in the four-month sample who joined the program before or during May 1990. They were followed for eight months after random assignment (again counting the month of random assignment as the first month). Program guidelines call for participants to have entered skills training or a work experience position by this point in their program careers.

Subsamples of these two main samples are also examined when appropriate.

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[1]See, e.g., Auspos et al., 1989; U.S. Department of Education, 1988; Higgins, 1988.

Figure 7.1, which is based on the four-month sample, presents an overview of early program dynamics. It makes clear that the great majority of the young women who enrolled in New Chance actually participated in the program.[2] Across the sites, 657 of the 738 (89 percent) participated in a program component within four months after program entry.

Site-specific data paralleling those in Figure 7.1 are contained in Appendix Table D.1. They show that the proportion of New Chance enrollees who participated in a program activity varied considerably by site, from 64 percent in the Bronx to 98 percent in Portland. The low participation rate at the Bronx site is due to a problem frequently associated with cohort enrollment, as discussed in Chapter 4: Eligible applicants may lose interest (or join other programs) during the several weeks between completing the enrollment process and beginning program activities with a group of other new enrollees. As a staff member at one site explained, "It seemed [to the nonparticipants] like a good idea at the time they enrolled, but they lost momentum" afterwards.

However, enrollee attrition in circumstances of delayed start-up is not inevitable, as other sites have discovered. In Denver, too, young women sometimes had to wait as much as a month between the time they signed up for the program and the beginning of classes, but there the program case manager made repeated phone calls to these young women to maintain their interest and enthusiasm. The result was very little fall-off between enrollment and participation.[3]

Figure 7.1 also shows that three-quarters of the young women who ever participated (491 of the 657) were still enrolled at the end of the four-month follow-up. Over one-third of the remaining 25 percent – those who participated but were terminated during this period – left the program within two months after entry. While most of the terminations (166 of a total of 225) were of young women who had participated at least minimally, the *likelihood* of termination was, as expected, much greater for those who had not participated: 75 percent of participants were still enrolled after four months, but only 27 percent of the nonparticipants remained on the program roster. (Some of these had been placed in inactive status.)

Two points about termination need to be understood. First, this has rarely taken place as soon as a young woman has stopped participating; an enrollee who is no longer attending may remain on the participant roster for several weeks before staff formally terminate her. Second, termination has not necessarily been a permanent status. The programs have allowed individuals who have been terminated to resume participation at a later date (although sometimes a considerable waiting period has been imposed). Terminated participants sometimes have re-enrolled, as reported later in the chapter.

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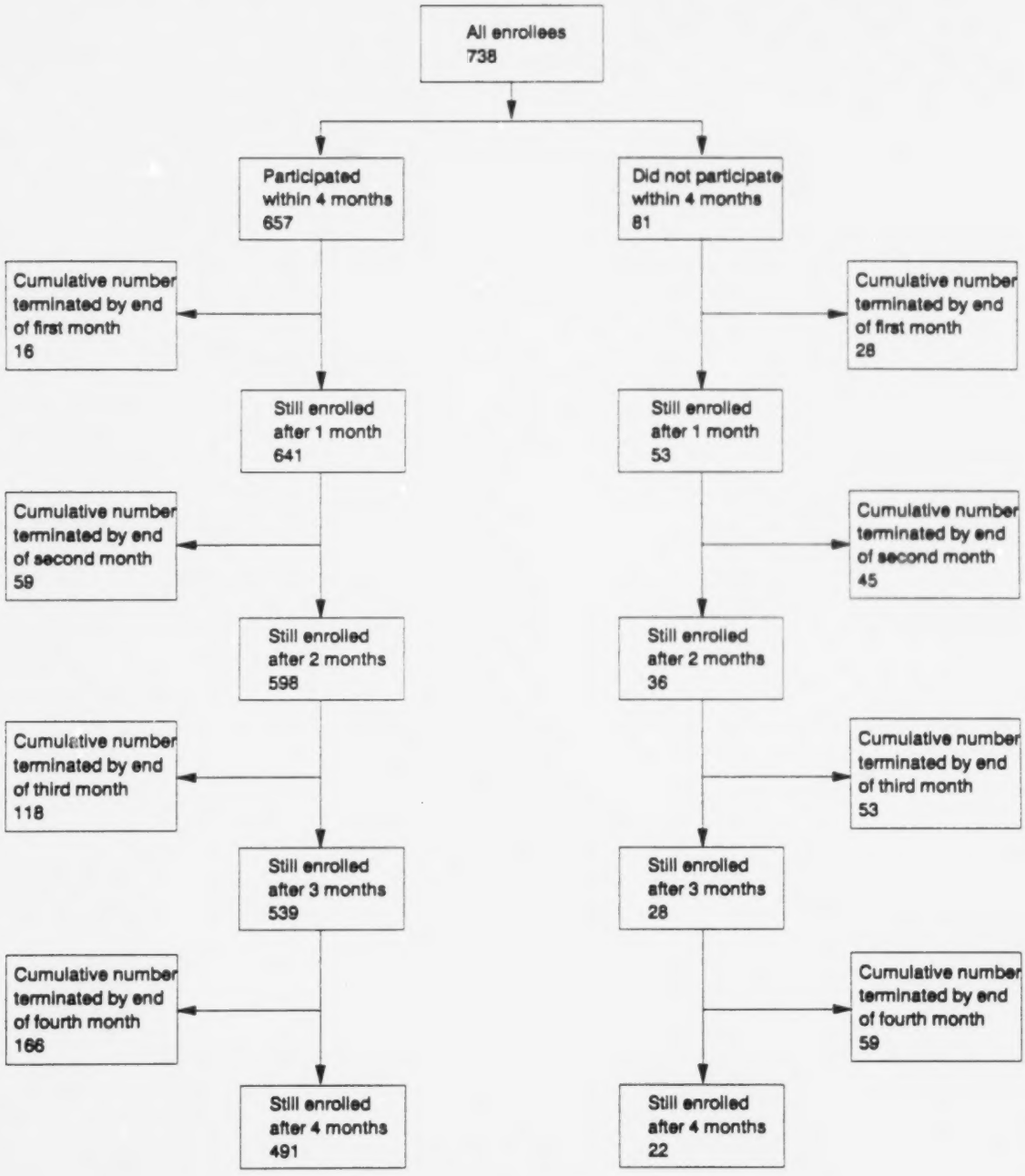
[2]In this report, participation is defined as attending a program component other than individual counseling for at least one hour, although virtually all participants attended far longer than that.

[3]In a few instances, women waiting to enroll in New Chance or to start classes became pregnant or homeless or underwent other radical changes in their living situations. In cases like these, programs must either intervene early to help address these problems so that the young woman can enroll on time – a process that may require staff to expend considerable time and energy – or wait until she has achieved a modicum of stability on her own or with outside assistance (while running the risk that she will never rejoin the program).

FIGURE 7.1

FLOW OF NEW CHANCE ENROLLEES
WITHIN FOUR MONTHS AFTER PROGRAM ENTRY



SOURCE: MDRC calculations from New Chance MIS data.

Reasons for early program termination are discussed in Section IV of this chapter. That not all participants stayed in the program for the full follow-up period is also important for interpreting the data on hours of participation presented in the next section.

III. Program Attendance

It is clear that many young women have enjoyed being in New Chance. It is equally clear that liking the program is no guarantee that young women will attend as they are supposed to, and absenteeism has been a problem at most sites. In this regard, it should be remembered that even where states have mandated participation in an education or training program as a condition of welfare receipt, only a handful of New Chance enrollees have been "sanctioned" (i.e., had their welfare grants reduced) for unsatisfactory attendance. Program staff do not believe that formal but unenforced participation requirements have constituted a real deterrent to absenteeism.[4] Thus, New Chance can offer participants "carrots" (i.e., inducements to attend), but few "sticks" besides termination (a blunt weapon and one that is undesirable for other reasons discussed later in the chapter) with which to respond to noncompliant behavior.

It is also worth recalling that in recruiting eligible applicants for New Chance, program staff tended to emphasize the program's many benefits, while the attendance rules were sometimes only elaborated on after enrollment. This approach was probably useful for marketing the program, but it also had a substantial potential drawback: Those who signed on may not have fully understood (or been willing to make) the commitment that New Chance entails.

This section begins with data on the extent of participation at the sites and on the variables that predict attendance. This is followed by a discussion of the reasons why absenteeism occurs. These reasons can be described in terms of three categories of obstacles – program-related, environmental, and personal – although there are many examples that cut across these categories. The section then considers the strategies sites have pursued to foster good attendance. It concludes by considering site variations in attendance, cautioning that the reasons for such variations are complex.

A. Attendance and Absenteeism Figures

The data in this section are based on a subsample of the four-month sample described above. This subsample comprises the 657 enrollees who had four months of follow-up and who actually participated in a program activity within these four months.[5]

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[4]This situation may change in the future as state JOBS programs are more fully implemented.

[5]MDRC required sites to submit data on the number of hours enrollees participated in various activities, but not the number of hours for which these were scheduled. The data collection effort during the pilot period indicated that sites had considerable difficulty recording accurate information on scheduled hours.

Table 7.1 presents the percentage of these 657 participants who received services in specific program areas during the four-month follow-up period. Thus, the data reflect both whether activities in a given area were *scheduled* and whether the young women actually *participated* in them.

In examining these data, a number of caveats are in order. The cautionary notes mentioned above continue to apply: First, sites had little experience operating the program, and second, for over half of the young women, at least one of the four follow-up months was June, July, or August of 1990, when the pace of program activities at a number of sites slackened considerably. Third, the "all components" hours figure counts time in group activities but not in individual counseling, although this could be substantial.[6] Fourth, the first month counted in the follow-up period is actually the calendar month of random assignment; this means that enrollees differed in the length of time they were actually enrolled during this month. Fifth, component hours during the first month were often reduced because enrollees spent several days in orientation, or because participation was delayed until child care had been found.

Finally, the table includes data for those young women who terminated from the program within the four-month period as well as for those who had stopped attending at some point but were not terminated. In the latter regard, it is worth noting that 40 of the 491 participants who remained enrolled at the end of the follow-up period had no activity hours reported for them in either the third or fourth month after program entry, and that fully a third (34 percent) of the 657 participants were placed in "inactive" status at least once during the four months. This status was supposed to be used for participants whose short-term problems were expected to be resolved within one month and who could then return to active status. In fact, sites also placed in inactive status enrollees whose ability and willingness to return to full participation were unknown. In such cases, inactive status frequently preceded termination.

These cautions notwithstanding, Table 7.1 makes clear that the majority of young women received services in all the component areas examined. Virtually everyone took part in education. Even in family planning and health education, the components with the fewest participants, 79 percent of the young women took part in classes covering these subjects during the four-month follow-up period, and some of the young women who missed group family planning sessions may have received counseling on this topic in individual meetings with case managers or other staff members that are not counted in the table. This seems particularly

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[6]Group activities counted here include: education, employability development, family planning, health education, parenting education, life skills, work internships, skills training, and a residual category called "other group activities" under which activities such as recreational field trips were coded.

The data collection effort during the pilot period, which served as a kind of pretest for the demonstration phase, suggested that it was extremely difficult to record accurately the number of hours spent in individual counseling, since this was often done on an informal as well as a scheduled basis.

The work internship and skills training components are included in the "all component hours" total but are not shown in the table because the program model assumed that participants would enter these activities by the fifth month after entry, but rarely earlier.

TABLE 7.1

PERCENTAGE OF ENROLLEES EVER ACTIVE IN NEW CHANCE COMPONENTS WITHIN FOUR MONTHS AFTER PROGRAM ENTRY

Component	Ever Active
Education	96.3%
Employability development	86.3
Family planning	79.1
Health education	79.3
Parenting education	88.6
Life skills	89.0
Other group activities (e.g., field trips or social events)	87.2
Average number of hours of participation in all components[a]	135.7
Sample size	657

SOURCE: MDRC calculations from New Chance MIS data.

NOTES: The sample includes 657 young women at 15 sites who enrolled in New Chance from August 1989 through September 1990 and who participated within four months after program entry. The sample excludes enrollees from the Chicago Heights site because of the late start of random assignment at the site.

[a]Hours spent in work internships and occupational skills training are included, but not hours spent in individual counseling.

likely to have been the case at sites following an open enrollment policy that made scheduling group activities difficult.[7]

For the most part, participants who came to the program stayed for the entire day. In a few cases, there is evidence to suggest that absenteeism was selective – i.e., participants attended certain classes regularly but skipped others. The Pittsburgh program, for instance, was located near the downtown area, where participants sometimes went for lunch after a morning of education classes; occasionally, they failed to return for the personal development classes held in the afternoon. At the Denver site, in contrast, some participants attended the morning personal development class but skipped the education classes in the afternoon.

Many participants at the Detroit site were interested in attending only the GED preparation classes, which were initially held in the mornings. Afternoon attendance problems resulted. The program's solution was to change the GED class schedule, so that these classes were held both early in the morning and later in the afternoon, with other New Chance components fitted in between.

Table 7.1 also shows that during the first four months after entering New Chance, the average participant spent 136 hours in the program components for which attendance data were reported. This mean figure conceals a good deal of variation, however. Figure 7.2 graphs the percentage distribution of participants by the number of recorded hours of attendance. The graph shows that slightly under a quarter (23 percent) of all participants registered 50 or fewer hours in the first four months after entry. At the other end of the spectrum, 11 percent registered more than 250 hours.

An overall average also masks considerable variation by site. Table 7.2 shows the mean and median total recorded attendance hours for participants at the 15 local programs (Chicago Heights is not represented in these calculations, as noted earlier). It reveals that average total hours ranged from a high of 205 at the Denver site to a low of 67 at the Salem program. Part of this variation is attributable simply to the fact that some sites offered services five days a week and others four; participants at the five-day-a-week sites averaged 145 hours and those at the four-day-a-week sites 115 hours. The variation also, however, reflects marked differences in the sites' abilities to retain participants, as well as differences in the characteristics of enrollees at the local programs.

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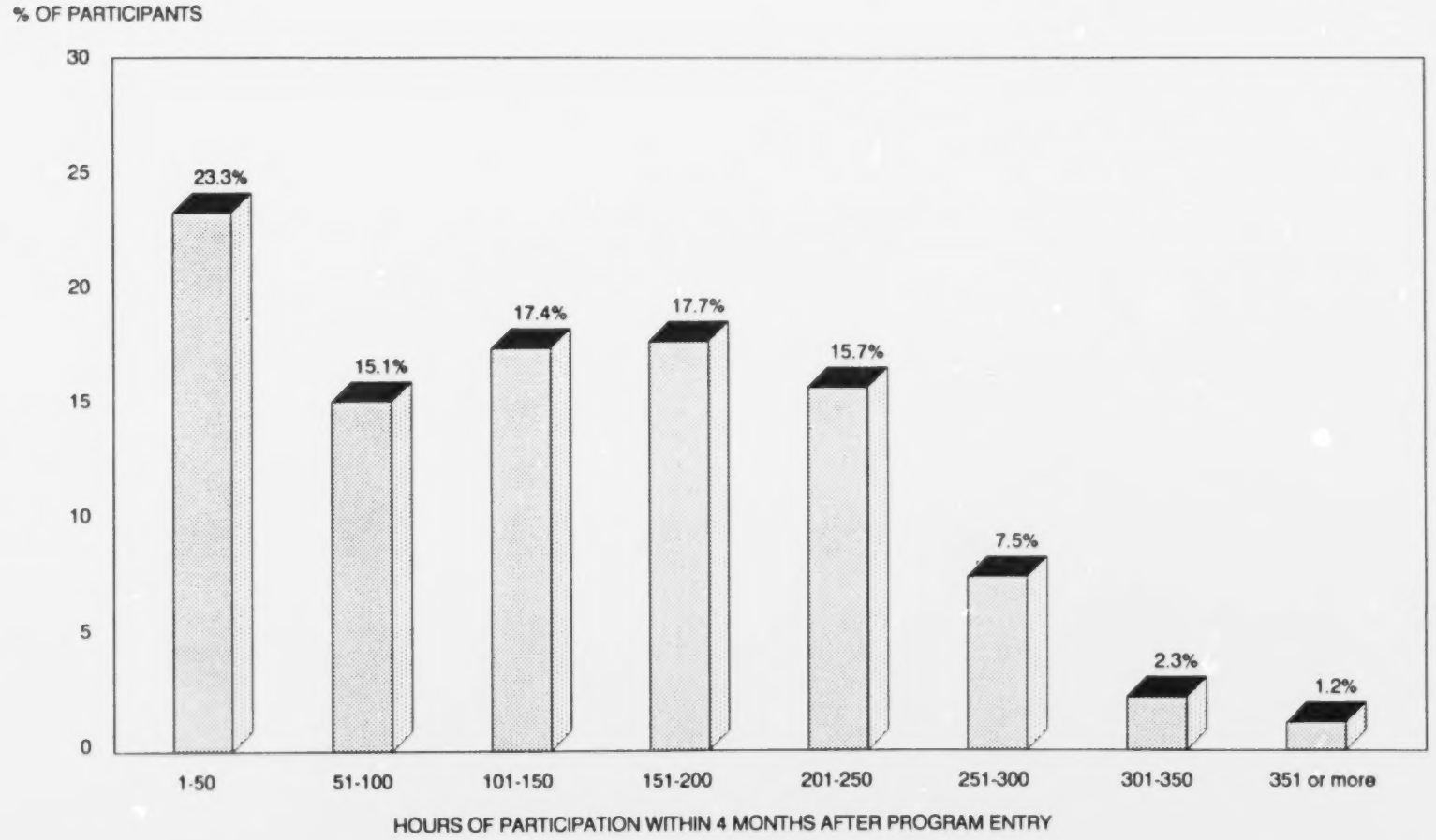
[7]However, as noted in Chapter 6, the program guidelines specify that individual counseling on family planning issues is a critical supplement to, not a substitute for, the group sessions. Factors other than the difficulty of scheduling group sessions help to explain somewhat lower rates of participation in family planning. For one thing, because the program guidelines called for this component to be scheduled less frequently than others, participants who were often absent or who terminated early were less likely to have participated in family planning classes than in activities that were scheduled daily or weekly.

Furthermore, at least one site (despite instructions to the contrary) continued to count sessions on child health issues under parenting rather than under health when submitting attendance data to MDRC.

FIGURE 7.2

DISTRIBUTION OF EVER-ACTIVE ENROLLEES
BY TOTAL HOURS OF PARTICIPATION
WITHIN FOUR MONTHS AFTER PROGRAM ENTRY



SOURCE: MDRC calculations from New Chance MIS data.

TABLE 7.2

MEAN AND MEDIAN TOTAL HOURS OF NEW CHANCE PARTICIPATION WITHIN FOUR MONTHS AFTER PROGRAM ENTRY, BY SITE

Site	Mean Hours Participated	Median Hours Participated	Sample Size
Allentown	92.9	82.0	47
Bronx	110.9	102.0	25
Chula Vista	112.8	100.0	27
Denver	204.9	191.0	33
Detroit	153.3	129.0	81
Harlem	87.2	83.5	18
Inglewood	108.4	109.5	34
Jacksonville	104.7	111.0	35
Lexington	107.8	106.0	45
Minneapolis	135.5	150.0	53
Philadelphia	143.3	155.0	46
Pittsburgh	160.8	179.5	88
Portland	183.9	206.0	62
Salem	67.3	62.0	35
San Jose	155.5	178.0	28
All sites	135.7	134.0	657

SOURCE: MDRC calculations from New Chance MIS data.

NOTE: The sample includes 657 young women at 15 sites who enrolled in New Chance from August 1989 through September 1990 and who participated within four months after program entry. The sample excludes enrollees from the Chicago Heights site because of the late start of random assignment at the site.

Table 7.3 shows the average hours participants spent in the program components examined. As expected, more hours – 56, on average – were registered in education than in any other component, since more hours were scheduled in that activity than in anything else. On average, participants spent between three and four hours a month each in the employability development and parenting components, life skills classes (a category encompassing both sessions that adhered to the Life Skills and Opportunities curriculum and classes covering adult survival skills), and other group activities. (The last of these is a residual category that could include group counseling, field trips without a specific instructional purpose, and social events.)

It is useful to compare these averages with the number of hours of different services that programs were required to offer in order to conform to the New Chance guidelines. The last column of Table 7.3 presents these requirements, adjusted to reflect a four-month time frame.[8] As noted in the previous chapter, sites generally delivered these services in the amounts specified by the guidelines. Thus, discrepancies between hours of actual participation and the hours specified in the guidelines reflect participants' lack of attendance, rather than sites' inability to mount the treatment.

These discrepancies are sizable. They suggest that because of absenteeism and early terminations, participants generally got only between 30 and 40 percent of the service "dosage" they could have received.[9] Again, there was substantial variation by site. Site-specific average attendance hours in the various components are shown in Appendix Table D.2, although these figures should be regarded with caution, since, for some sites, the sample size was quite small.

The second column of Table 7.3 presents average component hours for those young women who participated during each month of the four-month follow-up. In this way, it is possible to answer the question: How much of the New Chance treatment did young women who stayed active in the program for four months receive? (Or, conversely, how much are averages for all participants lowered by the data for the young women who left early or otherwise did not participate continuously?) The table suggests that, even for those young women who were continuously active, there was a considerable gap between what they could have received and what they actually got, a gap explained primarily by their frequent absences.

B. Participant Characteristics Related to Attendance

Participants with more hours of participation differed from those with fewer hours along a number of characteristics measured at program entry, as Table 7.4 makes clear. The table shows only those characteristics for which differences in average total hours of participation among young women in the different categories were statistically significant at the .10 level or

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[8]The guidelines state the requirements in weekly or monthly terms; the numbers presented in the table assume that four months is equivalent to sixteen weeks.

[9]Considering that about one in five participants received no group instruction in family planning at all, it is surprising that the average number of hours registered for this component comes closest to the demonstration guidelines; this is explained by the fact that at two sites (Denver and Detroit) there was considerable emphasis on this topic, and participants received more instruction than the minimum called for in the guidelines.

TABLE 7.3

AVERAGE HOURS OF PARTICIPATION IN SELECTED NEW CHANCE COMPONENTS WITHIN FOUR MONTHS AFTER PROGRAM ENTRY, COMPARED TO THE NUMBER OF HOURS SPECIFIED BY THE PROGRAM GUIDELINES

Component	Average Number of Hours All Participants Spent in Component	Average Number of Hours Those Active During All 4 Months Spent in Component	Number of Hours Specified by Program Guidelines
Education	55.9	82.5	192
Employability development	16.0	24.5	48[a]
Family planning	5.4	7.8	6
Health education	7.2	10.2	24
Parenting education	13.0	18.9	32-64
Life skills	14.5	22.5	36-39
Other group activities (e.g., field trips or social events)	13.1	17.3	n/a
Sample size	657	220	

SOURCE: MDRC calculations from New Chance MIS data.

NOTES: The sample includes 657 young women at 15 sites who enrolled in New Chance from August 1989 through September 1990 and who participated within four months after program entry. The sample excludes enrollees from the Chicago Heights site because of the late start of random assignment at the site.

[a]Participants had to complete 48 hours of employability development activities before beginning work internships or occupational skills training.

TABLE 7.4

CHARACTERISTICS AT ENROLLMENT RELATED TO AVERAGE HOURS OF NEW CHANCE PARTICIPATION WITHIN FOUR MONTHS AFTER PROGRAM ENTRY

Characteristic	Average Hours of Participation	Sample Size
Ethnicity[a]		
White, non-Hispanic	121.2*	154
Black, non-Hispanic	138.4	379
Hispanic	145.5	110
Enrollee has child not living with her		
Yes	137.8***	627
No	81.3	26
Highest grade level completed		
8th or below	127.0***	85
9th	120.8	152
10th	134.6	199
11th	137.9	182
12th	208.1	39
Received high school diploma or GED		
Yes	205.5***	50
No	130.2	606
Ever dropped out of school		
Yes	132.3***	578
No	161.4	78
Left school before first pregnancy		
Yes	118.2***	233
No	145.4	423
Ever repeated a grade		
Yes	126.3**	271
No	142.2	385
Parental educational attainment		
Neither parent received high school diploma or GED[b]	111.1***	67
One or both parents received high school diploma or GED[b]	147.0	307
Father employed		
Yes	129.2*	302
No	147.1	118
Enrollee is JOBS-mandatory		
Yes	129.9**	414
No	146.1	242
Ever had an abortion		
Yes	149.3**	169
No	131.0	488

(continued)

TABLE 7.4 (continued)

Characteristic	Average Hours of Participation	Sample Size
Expects more children		
Yes	146.7*	242
No	130.8	313
Not sure	126.2	94
Current birth control use		
Using birth control	142.3**	418
Not using birth control	112.8	92
No partner	126.2	79
Not having sex	134.9	67
Used birth control during last intercourse		
Yes	145.2***	465
No	113.3	189
Received health care for self in the 60 days before enrollment		
Yes	140.9*	407
No	128.3	245
Received emotional support		
Yes	137.1*	628
No	106.1	29

SOURCE: MDRC calculations from New Chance MIS data.

NOTES: The sample includes 657 young women at 15 sites who enrolled in New Chance from August 1989 through September 1990 and who participated within four months after program entry. The sample excludes enrollees from the Chicago Heights site because of the late start of random assignment at the site. Sample sizes may vary because of missing data on particular items.

An F-test was used to test the hypothesis of equal means across subgroups within characteristics. Statistical significance levels are indicated as *** = 1 percent; ** = 5 percent; * = 10 percent. The table includes only those characteristics for which statistically significant differences in average hours of participation by subgroup were found.

[a]Excludes a small number of enrollees of other ethnic backgrounds.

[b]Includes only those enrollees who knew the educational attainment of both parents.

better (indicating that these differences would have arisen by chance 10 percent of the time or less).[10]

The table suggests that, in general, participants who attended more frequently were more advantaged, and probably more motivated as well, than their counterparts with fewer attendance hours. Those with higher attendance had higher educational attainment, were less likely ever to have dropped out of school or to have repeated a grade, and were more likely to have parents who were themselves high school graduates or holders of a GED. (However, other "human capital" variables – prior welfare and employment histories – did not distinguish those with better or worse program attendance.) Young women with better attendance records were also more likely to be using birth control at the time of program entry and to have received medical care in the 60 days before enrolling in New Chance – all variables that may be indicators of personal motivation. Finally, while women's scores on the measures of depression, self-esteem, and locus of control were not significantly associated with participation, young women who reported having a source of emotional support attended significantly more hours than those who did not.

The table indicates, too, that Hispanic young women attended most frequently, followed by black participants and then by whites. This finding holds up when site-specific data (not shown in the table) are examined.

C. Program-Related Reasons for Absenteeism

Participants in a program may encounter externally imposed barriers to attendance. They may face pressing personal problems. They may not believe that they have much control over what happens to them, or they may not have the determination and perseverance the program requires.

But sometimes absenteeism may be program-related and can trigger an examination of ways the program can do better. For example, it may need to make its rules clearer to participants. At Lexington, New Chance staff attributed their not having done this largely to lack of experience and to an assumption that the young women would be more mature than they were. As one staff member put it, "We started off expecting that they [the participants] would behave like adults." Instead, staff have discovered how much like teenagers – and not very mature teenagers – many participants are.

The Allentown site's initial lack of emphasis on attendance was a more conscious choice, grounded in a view of what participants needed and what they could tolerate that was held by the first program coordinator and widely shared by site staff. Allentown staff members have tended to hold the same beliefs about program enrollees as most staff at the other New Chance sites: that the young women are teenagers and should be expected to act that way, that in growing up they have too often been deprived of nurturing parenting, and that they are

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[10]As discussed in Chapter 5, participants at the different sites differed in their characteristics. Subsequent reports will examine the independent relationship between participants' characteristics and attendance, controlling for site.

unused to structure and discipline. There has also been general agreement among staff at all sites that a major task of program staff is to provide the kind of support and encouragement to participants they often have not received at home.

However, at Allentown, unlike several of the other sites, staff were reluctant to impose firm attendance requirements, reasoning that many participants had serious problems that precluded regular attendance and that, as the program coordinator put it, they "have never had routine and structure and they haven't previously done well with these." She went on to note that as far as rules were concerned, she considered attitude more important than attendance. The key rules, in her view, were "kindness, consideration, and cooperation," since failure to adhere to these would result in fights with teachers and fellow students.[11]

Staff members at other sites have held a view of their mission that includes an emphasis on structure and discipline. The former program coordinator at the Harlem site was a forceful advocate of this perspective, and her staff have communicated this as well, pointing out to the enrollees that their ability to follow a schedule and to be on time will help them get their children to school and themselves to work on time. The program coordinator strongly encouraged participants to buy a watch and clock to help ensure promptness.

While it is difficult to generalize, schools on the whole seem to have been able to impose attendance requirements and to hold participants accountable for meeting them with greater ease (and less soul-searching) than community-based organizations. This is not surprising, since enunciating attendance policies is not a new practice for schools. In contrast, the community-based organizations involved in New Chance had often served clients on a drop-in or as-needed basis, or had operated programs of such short duration that attendance was not an issue, or had simply never placed much emphasis on attendance and never recognized a need to formulate clear standards in this area.

Clear standards do make a difference. The Allentown and Salem sites illustrate what can happen when they are missing. Both sites were experiencing high rates of absenteeism. To learn more about this, Allentown administered a short questionnaire to program participants; at Salem, staff and participants sat down together to discuss the issue. In both cases, it became clear that participants did not realize that daily attendance was expected.

Forcefully articulated rules did not result in good attendance at all sites. Chula Vista staff, for example, emphasized to new enrollees that they were very lucky to be in New Chance and that with this came a heavy responsibility to attend every day; the strong message at the Harlem site has already been noted. Despite these admonishments, attendance at both sites has been unimpressive.

However, all the sites that *did* have good attendance also made participants aware of program attendance requirements and emphasized their importance from the start. They also saw to it that these rules were periodically reinforced. The San Jose site, for example, has

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[11]Over time, the Allentown site has made efforts to impose more stringent requirements, as discussed below.

used monthly "class meetings" attended by all participants and on-site staff members as an occasion to review program policies, discuss problems, and, on occasion, formulate new policies with input from the participants. (For example, it became necessary to restrict students to the campus at lunchtime, because one student allowed off campus at lunchtime got involved in an automobile accident and others were suspected of smoking marijuana.) Program rules have been better accepted, staff members found, when the rationale for these rules was understood.

However, while clear rules may be necessary, the lack of such rules is far from the only program-related reason for poor attendance. Participants may be absent because there is something specific about the program they dislike, or they may find it generally inconvenient or uncongenial or unable to meet their needs.

They may also fail to attend because the program is unexciting or unrewarding. Sometimes site staff do not do anything particularly wrong, but neither do they do things in a particularly imaginative or engaging way. Many young mothers join New Chance partly to seek relief from the monotony of their lives. If their experience in New Chance feels equally humdrum to them, they may not make a concerted effort to attend. Lively classes and enjoyable events such as parties or field trips are essential in building participants' motivation to attend regularly.

While young women like variety, staff members at several sites have remarked that they do *not* like disruptions in what they are used to, nor do they respond well to interruptions in the program routine. For example, one site gave participants a very long Christmas vacation because its teachers, who came from the school system, were contractually entitled to the time off. Site staff cited this as a major explanation for unusually poor attendance in January. At another site, program staff expected that some students might not show up during a week when the popular GED instructor was away at a training session. This suggests that when disruptions are inevitable (but predictable), staff need to prepare participants for them in advance, and perhaps to plan special activities that will capture participants' interest in the face of these disruptions.

The program must also be rewarding in interpersonal terms. While young women may join the program for reasons of their own, it is likely that they remain engaged in large part because of bonds that develop both with staff members and among themselves. A warm and supportive peer group is instrumental in making the program a generally pleasant environment, a setting where young mothers can make new friends. It can also make the program a place of refuge and comfort for participants experiencing personal crises.

> The brother of a participant at one site committed suicide. A New Chance instructor used class time to talk about death and mourning. In this way, the group gave support to the grieving student. The class also attended the brother's funeral.

Conversely, negative group dynamics can impede attendance. Some New Chance sites have discovered that the disruptive behavior of even a single participant can make the program unpleasant for others and lead to absenteeism.

> Staff at one site ascribed some absenteeism problems to a young woman who "intimidated" her fellow students by making cutting remarks about their appearance and dress. Some students played up to her to avoid becoming the objects of her scorn; her presence was even more divisive because the factions split along racial lines. Staff members' efforts to defuse her influence were not wholly successful.

The old saying that "one bad apple spoils the whole barrel" is especially true if the barrel is small, allowing any individual considerable influence over all the others and reducing the potential for a sizable number of participants to align against a disruptive member.[12]

The importance of peer group relationships to overall operations, and to good attendance in particular, suggests that in hiring staff, program managers should look for individuals with clinical training and practical experience in how to handle group dynamics. Training and experience are especially necessary because, as program operators have discovered, group dynamics may change over time and each cohort must be approached uniquely. At San Jose and some other sites, the young women who enrolled during the pilot phase or early in the program were the most difficult. At other sites, early enrollees were cooperative and responsive, while later enrollees have presented more behavior management problems.

D. Environment-Related Reasons for Absenteeism

Other barriers to regular participation are created by the health, welfare, and other agencies with which the young mothers in New Chance are involved. Clinic appointments and meetings with welfare caseworkers are frequently cited reasons for absenteeism. Some sites that operate on a four- or four-and-a-half-day-per-week schedule do so in part to allow participants to plan these appointments and thereby minimize disruptions. However, participants have not always had the skills they need to negotiate optimal appointment times with agency personnel. And agency staff have not always been able or willing to adapt their schedules to meet participants' needs.

Enrollees have also gotten caught in the snarls of welfare regulations and red tape. Welfare agencies require public assistance recipients to verify their continuing eligibility for aid, sometimes on a monthly basis; if a young woman does not send in the required form on time or come to the scheduled appointment, her assistance grant may be cut off. Many of the welfare cases that are closed because of noncompliance with administrative requirements are reopened a few days or weeks later.[13] However, at one site, young women who were late in sending the recertification form were removed not only from welfare but also from the roster of participants in the state's welfare-to-work program, thereby ending their eligibility for such support services as child care. Although their welfare grants were quickly restored, the young

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[12]Of course, negative group dynamics can have adverse effects other than absenteeism. In a program where intimate disclosures often take place, failure to observe norms of confidentiality can undermine a sense of trust. Negative, disruptive behavior can also limit other group activities. During one site's pre-demonstration period, for instance, four enrollees behaved so badly that staff were unwilling to schedule field trips for the entire group.

[13]This phenomenon, well known to welfare administrators, is commonly known as "churning."

women had to go through the whole process of re-enrolling in the work program before they could participate once again in New Chance. Despite the advocacy efforts of New Chance staff, no "fast track" for reinstating the young women in the program could be developed.

Enrollees at another site have also run up against difficulties created when the welfare agency has been late in providing reimbursement for participants' child care and transportation expenses. Some participants claimed they had to stop attending because they could no longer afford to pay costs out-of-pocket while awaiting reimbursement, and their child care providers refused to care for their children without payment.[14]

E. Personal Reasons for Absenteeism

Participants' illnesses and those of their children have constituted one of the most frequently given reasons for absenteeism, especially during the winter.[15] A special problem is that the young mothers often did not know how to assess the seriousness of these illnesses and stayed home when it was not necessary; the parenting and health components of the program have both addressed this issue. Another reason enrollees often gave for not attending is that their child care arrangements had fallen through. This can happen if the provider is sick, or has an appointment, or has taken a job, or (especially when the provider is the participant's mother) if she and the participant have had an argument. In this last instance, withholding child care may be a form of punishment.

When New Chance staff members were asked which participants did best in the program – came most regularly, made the most progress – their answer tended to be, "The ones with social support." (This assessment is confirmed by the quantitative data presented in Table 7.4, which, as noted previously, indicate that participants who reported having some source of emotional support attended significantly more hours than those with no support at all.) Some young women had family members and boyfriends who strongly encouraged their participation and backed up their words with concrete, helpful actions: watching their children, or giving them a ride to the site on the way to work, for instance. "Social support" also encompasses providing participants with a stable, emotionally comfortable environment in which to conduct their daily lives.

Lack of social support can make it harder for participants to cope with other problems – a sick child or a relationship gone awry, for example. And, as described in detail in Chapter 5, it can be manifested in difficult and highly charged situations, including unstable living arrangements and domestic violence, that have impeded participation. Participants may be embarrassed to come to the program with a black eye (although some have). More importantly, however, a participant may be unwilling to attend if her partner wants her to stay at home, lest she provoke his anger and further assaults.

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[14]Even when delays in issuing support service payments do not cause absenteeism, they can create a lot of work for New Chance staff, who must spend considerable time cajoling day care providers to continue to take care of participants' children.

[15]Illness is one of the most socially acceptable reasons for absenteeism, and staff sometimes wondered whether it was the real reason in all instances.

The young women in the program have often experienced their problems as all-consuming, robbing them of energy to focus on much else. Sometimes the "personal crises" that they cited as reasons for absenteeism are serious in anyone's estimation.

> One participant had three family members die in the same season as the result of violence or AIDS. The young woman became so fearful that she found it difficult to leave her home for any reason.

Sometimes, however, these "crises" have reflected the maturity level of the adolescents most participants are. The end of a romance is often a traumatic event, and the start of a new relationship can also absorb their full attention. Since some participants see each new boyfriend as a potential "Mr. Right," it makes sense to them to stay home from the program to allow time for a new romance to flourish.

Participants' lack of confidence in themselves has also led to absenteeism. As one case manager explained, as soon as the young women see potential failure arising, they raise their defenses, and one way to do this is simply not to show up.

> One new enrollee, after completing random assignment and orientation with other new program entrants, adamantly refused to attend further. She explained to a staff member that she felt inadequate compared to the other young women, all of whom seemed to her much more sure of themselves and what they wanted than she herself felt. While the staff member tried to convince her that the other young women also had their own uncertainties and insecurities, the participant could not be persuaded of this, nor that she, too, could succeed.

The attendance problem needs to be seen in large part as a function of the participants' *age*. As a number of staff members have commented, teens in general, not just the disadvantaged young women in New Chance, have a tendency to change their minds, to make questionable choices, and to live in the moment.

> One participant arrived at the program and immediately informed program staff that her new alarm clock (which was obviously a new experience for her to get and use) worked. In fact, she had set it for 4:30 A.M. on a school day so that she could watch "Halloween V" on television.

In the view of staff members at some sites, the "present orientation" of many participants is also associated with the fact that they come from homes in which there is little sense of structure and routine. This can make the daily attendance requirement of the program exceptionally difficult. As a case manager noted, even those young women at her site with the best attendance records were unlikely to attend continuously for two weeks, without taking a day off.

Finally, it has sometimes been difficult to separate the personal circumstances that impede attendance from factors associated with participants' environments, and with their poverty. For instance, there is reason to believe that the high level of depression evidenced by over a quarter of the sample is associated with both their inadequate income and their status as single

mothers (Belle, 1982). When depression can make getting out of bed in the morning a struggle, it can make getting oneself and one's child out of bed to travel several miles to a program via public transportation even more difficult. Excuses participants have cited for absenteeism need also to be considered in light of the straitened circumstances in which they live.

> One young woman claimed that she had to skip the program one day because it was the only day she could get a ride with a neighbor to a supermarket some distance from her home. On the one hand, this could be taken as an indication of her poor ability to plan ahead or to make good choices. On the other hand, taking advantage of an opportunity to buy items at considerably lower prices than those charged in a neighborhood convenience store could also be viewed as a rational choice from the standpoint of stretching a welfare check.

F. Sites' Responses to Foster Attendance and Reduce Absenteeism

Sites have generally adopted four types of strategies for promoting good attendance and curbing absenteeism: rules, rewards, stipends and other benefits, and follow-up with absentees. To a limited extent, they have also been able to engage participants in the kind of in-depth, early counseling that can prevent extended absenteeism in the first place. Sites' efforts in these areas are detailed in Table 7.5 and are discussed below.

1. Rules. One response to absenteeism has been more forceful articulation of program rules to prospective entrants and new enrollees. As noted earlier in this chapter, the Salem site initially did not stress attendance rules to new recruits. After the site was plagued by high absenteeism, staff decided to review the rules carefully both with prospective enrollees before random assignment and with new entrants at the orientation session afterwards. Participants now sign a contract to indicate that they understand the program's expectations. One staff member, explaining why the change was a good one, noted that the site had learned from experience that "it's better, and easier for the young women, to be up-front about what's expected and not to be wishy-washy."

Another response has been to change the rules. The Lexington site, for example, has changed its attendance policy several times, each time in the direction of greater stringency. At the outset, participants were given three unexcused absences – absences were considered "unexcused" if participants failed to call in in advance – but no limit on absences preceded by a phone call. Because staff felt that this policy was being abused, it was revised to give the young women 13 days of up-front excused absences that they could use over the following six months, a practice staff regarded as similar to that adopted in work settings. However, after many young women used up all their hours in the first month, the policy was revised again to allow participants one absence a month. Also, enrollees were allowed to leave their children in the child care center on Fridays (giving them a day of respite from child care responsibilities) only if they had attended the four preceding days. (Previously, the young women were permitted to leave their children at the center whether or not they had attended regularly.) The program director believed that these changes were resulting in somewhat better attendance, but, no less important, that they were also good for staff morale.

TABLE 7.5

NEW CHANCE SITE POLICIES RELATED TO ATTENDANCE

Site	Attendance Requirements	Incentives	Stipends, Expense Payments, and Other Provisions	Absentee Follow-up
Allentown	Enrollees are allowed 5 personal days and 8 sick days per 5-month period	Point system; award certificates	Breakfast and lunch for participants and children; transportation	Staff call daily, starting day 1; if absenteeism continues, home visit; persistently absent enrollees may be placed on in-house suspension, asked to sign new contract
Bronx	Enrollees must attend daily; absences must be made up on Fridays	Monthly award certificates and ceremonies	Monthly attendance-based payments provided by welfare agency	Staff call daily, starting day 1
Chicago Heights	Enrollees must attend 75% of scheduled program days[a]	Point system	Stipends in summer only; transportation	Staff call daily, starting day 1; after 3 unexcused absences, staff call, letters sent, home visits
Chula Vista	Enrollees must attend 75% of scheduled program days[b]	Tickets to local events; special awards for perfect attendance; award certificates and ceremonies	Breakfast and lunch for participants and children; transportation	Staff call after 2 days; if no response, home visit
Denver	Enrollees must attend 75% of scheduled program days;[a] Adams County JTPA agency may suspend enrollees with 5 unexcused absences	Point system; award certificates	Transportation allowance	Staff call daily, starting day 1; if absenteeism continues, JTPA may establish attendance contract with enrollee
Detroit	Enrollees must attend daily	Point system; award certificates and ceremonies; attendance partly determines eligibility for field trips	JTPA stipends; transportation	Staff call daily, starting day 1; after 1 week, letter sent; after 1 month, enrollee is placed on inactive status or terminated
Harlem	Enrollees must attend daily; excessive absences will result in termination	Award certificates; participation in special off-site events	Monthly attendance-based payments provided by welfare agency; lunch for participants and children	Staff call after 1 or 2 days; if absenteeism continues, letter sent, home visit

(continued)

TABLE 7.5 (continued)

Site	Attendance Requirements	Incentives	Stipends, Expense Payments, and Other Provisions	Absentee Follow-up
Inglewood	Enrollees may not have 3 or more unexcused absences within a 10-day period	Award certificates and ceremonies	Transportation	Staff call after 2 days; after 4 days, letter sent
Jacksonville	Enrollees must attend at least 4 days per week; after 3 consecutive unexcused absences (or 5 consecutive excused absences), a case conference will be held to determine eligibility	Point system; award certificates and ceremonies	Transportation; lunch for participants	Staff call after 1 or 2 days; if no response, home visit
Lexington	Daily attendance expected, but enrollees are allowed 1 leave day per month	Point system; award certificates and ceremonies	Breakfast and lunch for participants and children; transportation	Staff call daily, starting day 1; after 1 week, home visit
Minneapolis	Enrollees must attend 70% of scheduled program days[c]	Point system; award certificates and ceremonies	Transportation allowance	Staff call daily, starting day 1; after 10 days, home visit; after 30 days without contact, enrollee is terminated
Philadelphia	Enrollees are allowed 2 personal days and 3 days for appointments per month without reduction of their JOBS stipend	Point (ticket) system; McDonald's lunch coupons; award certificates; letters to students with good attendance	JOBS stipends	Staff call daily, starting day 1; weekly calls from teachers and program coordinator; persistently absent enrollees can be placed on 2-week unpaid probation
Pittsburgh	Enrollees who miss more than 20 days of classes may be terminated[d]	Awards for individuals (e.g., lunches with staff) and groups (e.g., pizza parties); those with good attendance are eligible for Student Council membership	JOBS stipends	Staff call or send letter daily, starting day 1; if absenteeism continues, home visit

(continued)

TABLE 7.5 (continued)

Site	Attendance Requirements	Incentives	Stipends, Expense Payments, and Other Provisions	Absentee Follow-up
Portland	Enrollees with 10 consecutive days of unexcused absences during a 22-day period will be terminated[e]	Monthly award certificates and luncheons; gift certificates	Weekly Job Corps stipends; transportation; clothing allowance	Staff call daily, starting day 1; may make home visits; special staff meetings with persistent absentees
Salem	Enrollees must attend 75% of scheduled program days	Point system	Limited transportation	After second absence in a week, letter sent to enrollee with copy to welfare case-worker; after second week, letter sent to enrollee requesting that she come in to make work plan; if enrollee does not contact program, she is placed on inactive status or terminated
San Jose	Enrollees must attend 65% of scheduled program days (excused absences included)	Point system; award certificates and ceremonies; special events for those with better attendance	Breakfast and lunch for participants and children; transportation	Staff call daily after 2 days; if enrollee absent more than allowed, she is placed on 1-month probation

SOURCES: MDRC field research reports, Operations staff site visit memoranda, and personal communications.

NOTES: [a]Participants must attend 75 percent of scheduled program days to meet JOBS attendance requirement.
[b]This is a requirement of the sponsor agency for all students attending its adult school.
[c]This is a Minnesota JOBS program attendance requirement.
[d]This is a local JTPA agency attendance requirement.
[e]This is a Job Corps attendance requirement.

Similarly, the Allentown site decided that participants who exceeded a specified number of absences would be placed in "in-school suspension" – a status in which they attended the program and worked on their own but were not allowed to take part in group activities. Perhaps surprisingly, the response to this "punishment" has been quite positive: Young women seem to value the opportunity to work quietly and without distraction.

While clearly enunciating attendance policies obviously makes sense, it is hard to know how much difference changing the rules in an effort to improve attendance has made.[16] This is in part because options for *enforcing* the rules are limited to use of inactive status and to termination. It is also because so many factors other than the rules affect attendance.

2. **Rewards**. The New Chance guidelines require sites to develop incentive systems as a way of promoting good attendance and other desired behaviors by participants. As Table 7.5 shows, over half the sites have developed a system whereby participants receive points for coming to the program (sometimes attendance at each activity is rewarded) as well as for completing other program milestones such as passing the GED test. Several sites have also operated "stores," where the young women can periodically redeem their points for toiletries, new or used clothing for themselves and their children, and household wares and appliances (solicited from local businesses or donated by program staff and their friends). The Salem health instructor made up attractive first-aid kits, which were a popular item at the store one month. Participants can also use their points to "buy" things like concert or movie tickets or certificates for free meals at fast-food restaurants (again, usually given to the program by local businesses). The Philadelphia site has given coupons for a free lunch at McDonald's to participants with biweekly attendance of 80 percent or better.

The San Jose program adopted a slightly different version of the point system, known as "Lucky Bucks." These have been given out by program staff on a discretionary basis to reward participants for what the case manager terms "spontaneous acts of kindness" (such as cleaning the refrigerator in the program office without being asked) or to keep participants on their toes. The site's weekly newsletter (initially developed by the case manager but now with student editors as well) usually contains instructions for earning more Lucky Bucks. One issue informed participants that they could get a Lucky Buck by telling the case manager the name of a new program entrant (which appeared in another part of the newsletter). Another issue, published during the Gulf War, showed a copy of a political cartoon and promised each enrollee a Lucky Buck if she could explain the cartoon's message. In these two examples, the incentive system served as a device for incorporating new members into the group and for stimulating intellectual curiosity and political awareness. The site has also discovered that attendance is especially good on Fridays, when Lucky Bucks can get traded in for rewards.

Along with setting up point systems, sites have regularly scheduled award ceremonies at which students receive verbal kudos, and sometimes certificates, for good attendance and for achieving program benchmarks. These ceremonies are festive occasions: Often food is served,

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[16]The limited follow-up period and small number of enrollees at each site make it difficult at this point to assess in quantitative terms whether attendance was better for later program entrants than for earlier ones. Subsequent reports will be better able to address this issue.

and there may be music as well. At a typical program "graduation" (i.e., when participants have received their GEDs and move on to skills training), the young women dress up, receive a certificate and a handshake or hug from the program coordinator (or a local notable), and make brief speeches about what the program has meant to them. Parents, children, and boyfriends are invited to attend, and there is much applause, laughter (sometimes some mild "roasting" takes place), and tears.

Graduations and other reward ceremonies serve a number of functions. First, they substitute for the rituals that the young women missed by dropping out of high school and add a sense of individual importance and accomplishment to adolescent life.[17] Moreover, they are fun, and as such, they make going to the program more engaging for those who are in on-site activities. Finally, the successes of some enrollees can be inspiring to others.

Yet, for some young women, achieving perfect or near-perfect attendance may not be realistic, and a GED may be a distant prospect. These young women, no less and possibly more than others, need the encouragement and ego boost that come with receipt of an award. Programs need, therefore, to think about rewards that are both individualized and generally attainable, as well as those that are associated with particular achievements.

It is also important to provide rewards that participants value. The best way to ensure this is to ask the young women what rewards they want, since these are not necessarily things staff would predict. At Lexington, for example, young women requested that, in return for good attendance, they be allowed to run a wash in the sponsor agency's laundry, since they found local laundromats inconvenient and expensive.

As is the case with program rules, the extent to which rewards have induced participants with poor attendance records to come more regularly is uncertain. It seems more plausible that they have helped maintain good attendance among those who were already attending with reasonable regularity. As suggested in the preceding section, absenteeism may well be caused by issues that cannot be resolved through the relatively straightforward solutions of clear program rules and an attractive system of rewards.

Nonetheless, rewards are a valuable program feature, regardless of whether or not they have a demonstrable effect on attendance. They provide external recognition of accomplishment, build morale, and make the program more exciting.

3. <u>Stipends and other benefits</u>. All sites made provisions of some kind to offset the costs of participation. At a minimum, sites offered transportation assistance, in the form of van service, bus passes, and public transportation and gas allowances (sometimes included in stipends, as noted below). A number of sites also provided free lunch, and sometimes breakfast as well, to participants and their children.

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[17]An instructor at the San Jose site noted that the only suggestions she had received in the LSO suggestion box after four weeks were for a class picture and a group "yearbook" – an indication to her of strong group spirit. It also illustrates the stock that some young women put in high school-like rituals and traditions.

Along with these in-kind services, six sites also paid regular stipends to participants. Maximum payments ranged from $35 to $50 a week, with the actual amount an individual received being tied to her attendance. These stipends, the cost of which was paid by the local welfare or JTPA agency, were intended to cover transportation and lunch expenses, as well as to provide the young women with an inducement to participate regularly.

Again, it is difficult to assess the extent to which stipends and other benefits resulted in increased participation among individuals. The data do not suggest that, as a group, sites that offered monetary payments achieved better attendance than sites that did not. For example, Denver and Portland both achieved high participation rates, yet Denver covered only transportation costs, while Portland provided the full array of incentives (including a clothing allowance) available to Job Corps members. Conversely, Salem offered only limited transportation assistance via school bus, while the Bronx program paid a monthly stipend; nevertheless, attendance at both sites was disappointing. Nonetheless, stipends and other benefits certainly do not appear to have had an adverse effect on attendance, and may have helped some individuals in straitened circumstances to attend the program when it would otherwise have been difficult for them to do so.

4. Follow-up with absentees. As Table 7.5 shows, most sites have tried to follow up with absentees immediately. After attendance is taken in the morning, the case manager or another staff member calls those young women who are absent and have not informed staff beforehand or called in that morning. The case manager ascertains the reason for the absence and determines whether there are problems the program could help resolve; she also urges on the participant the importance of regular attendance.

These efforts have not always been successful. Sometimes no one has answered the phone, or the staff member has been told that the participant is out or cannot come to the phone, or the participant has been unresponsive to staff questions. The next step (the first step for those participants who do not have phones) is to send a letter or make a home visit. If they return to the program, young women with poor attendance records are sometimes asked to sign a "contract" that specifies their attendance obligations. When staff come to feel that they have exhausted all options in trying to reverse a young woman's pattern of non-attendance, they are likely to terminate her from the program, as discussed below.

The Portland site developed a temporary expedient to reach absentees and reverse their poor attendance. When case managers were busy with other responsibilities, the program took on a part-time "AWOL (absent without leave) counselor," on loan from another agency, whose job was to contact every absentee every day by phone or by home visit and to help resolve problems impeding attendance. Among other activities, she set up a special class for poor attenders, called "Eyes on the Prize," in which the young women discussed the barriers they faced and developed group solutions for overcoming them. This approach appears to have been effective in altering participants' behavior. When the AWOL counselor's term with New Chance ended, her responsibilities reverted to the case managers, who by then had the time to take them on, and the subjects covered in the special class were folded back into other New Chance components.

The Salem site has followed a course of action different from the others. As explained above, site staff, faced with high absenteeism, changed the message they were giving prospective enrollees and new entrants to include a much more thorough review of the attendance rules. Staff maintained that, once participants were well informed about what was expected of them, regular attendance was up to them and that calling to check on absentees would interfere with the program's goal of inculcating responsibility for one's behavior.

5. **Case management approaches.** Before sites had gained experience operating New Chance, the crises in participants' lives often posed crises for staff as well. Case managers' schedules were frequently disrupted by the need to deal with emergencies, e.g., finding a place to stay for a young woman threatened by homelessness, restoring cut-off utilities, and securing substitute child care when the usual arrangements were disrupted.

Over time, as staff dealt with these recurring issues, they acquired more in-depth and systematic knowledge of the resources and people in the community they could call on to help address participants' problems and needs. While knowing just where to turn for assistance did not reduce the number of emergencies staff had to confront, it made dealing with them easier and less time-consuming.

Staff also tried to make the participants themselves aware of the resources on which they could draw. For example, after staff at the Chicago Heights site noted that two young women had come in with black eyes, they invited a representative from the local shelter for battered women to address all the participants. The speaker told the young women about places where victims of domestic violence could go for assistance. The session served two purposes. First, it solidified the institutional connection between the shelter and the New Chance program. Second, it made it easier for participants, once they were acquainted with the shelter staff member, to contact her on their own if the need arose, rather than to turn again to the New Chance program for assistance.

As the demonstration progressed, staff members were also able, through careful counseling, to help the young women figure out what problems they might face in the future and how they might cope with them. For example, a case manager might ask a young woman whose relative was caring for her child what she would do if that relative took a job, or she might help an enrollee who was thinking about leaving an abusive partner think through alternative living arrangements. In helping participants formulate back-up plans, staff were also helping them to move from the here-and-now to a greater degree of future orientation.

Although "proactive" (as distinct from "reactive") counseling of this type may be an ideal, it is an ideal that has not yet been fully realized. It requires both planning and time, and the latter is at a premium for case managers, whose responsibilities include advocacy, documentation, and teaching as well as counseling, and whose caseloads sometimes exceed the guidelines specified by MDRC (see Chapter 6).

The preceding discussion indicates that the New Chance sites did many things to reduce the extent of absenteeism. Some instructors also devised strategies to ensure that absenteeism, when it occurred, was as minimally disruptive as possible. For example, they delivered homework assignments to absentees or held special make-up classes for them when they

returned to class. Sometimes, teachers asked young women who had been present to summarize for the absentees what had gone on in their absence, thus providing the former an opportunity to review what had been learned. Since absenteeism is likely to be a difficult issue in most programs serving disadvantaged youth, the New Chance experience suggests that staff in these programs should expect its occurrence and plan ways of reducing its negative consequences.

G. Site Variations in Absenteeism and What They Mean

The preceding discussion points to the many and complex reasons for absenteeism. This complexity makes it difficult to identify structural features – aside from clearly presented rules – that sites with high and low attendance rates have in common. Absenteeism has been high in some school-based sites, low in others. Attendance rates have also varied in sites with on-site child care. While sites without on-site care have generally had low attendance rates, many additional factors explain their performance.

The multiple explanations for good attendance and for high absenteeism are perhaps best understood through specific examples. The Denver site has enjoyed high participation rates since the beginning of the demonstration. Each participant, from the time she enrolls, hears a strong message about the importance of good attendance. The setting, a community college with a vocational education focus, has a decidedly serious, "adult" atmosphere. New Chance students for the most part do not have problems with transportation; many have access to cars.

From the standpoint of program services, two features have been outstanding: the Living Competencies class and the counseling. The first of these has integrated material related to employability, parenting, family planning, health, and LSO in a single class meeting daily for four hours and offering many opportunities for active learning, expression of opinions, and formation of tight peer group bonds. The participants have related well to the teachers and to the case managers, one of whom is, like the majority of participants, Hispanic. Education classes were less engaging. However, because students entered reading at a relatively high level (their average reading score on the TABE was 8.5), progress toward the GED has been swift enough to be motivating to others. Denver enrollees also were advantaged compared to their counterparts at other sites. The large majority (72 percent) had only one child. A relatively high proportion (20 percent) entered the program with a GED or high school diploma in hand. More enrollees at Denver than at any other site (64 percent) grew up in households that never received welfare when the young women were growing up. Finally, Denver enrollees registered among the lowest depression and highest self-esteem scores in the demonstration.

Portland, like Denver a site with low absenteeism, also has had many things working on its behalf: a forceful attendance message, caring staff, and enrollees whose characteristics at intake suggest a fair amount of motivation (e.g., a high proportion of high school graduates or GED holders and a high level of parental employment). Through the program's connection with the Job Corps, New Chance participants have received training in office skills from the beginning, and the knowledge that they were acquiring valuable skills also encouraged good attendance. An additional factor is at work here: The Job Corps enrollment process is lengthy and demanding, and those who stick it out to enroll in both the Job Corps and New Chance

have already exhibited a degree of perseverance that young women at other sites have not been required to display.

Attendance at Allentown and Lexington has been a problem from the start. Both of these sites, as noted above, had little prior experience in establishing and enforcing attendance requirements, and the program message about attendance has not been a strong one (at Allentown, at least in part for philosophical reasons). As at other sites, some program services have been very strong, while others have been weaker.

At both sites, relatively few of the enrollees' parents had completed high school, and over half of the young women themselves had repeated a grade. Forty-one percent of the Allentown enrollees entered reading at the sixth-grade level or below (compared to 34 percent of all enrollees); over two-thirds (68 percent) of the Lexington enrollees had more than one child.

What all this suggests is that good attendance is the product of multiple forces: strong policies, responsive programs, and receptive participants who are adequately motivated and whose personal difficulties are not overwhelming. Many factors must be taken into account in explaining the interaction between program and participants.

IV. Retention and Termination

A. Termination: Its Extent and Causes

As Table 7.6 shows, by the fourth month after random assignment, 31 percent of all young women enrolled in New Chance had been terminated from the program. The table also presents the reasons for these terminations, further distinguishing between enrollees who were counted as active and those who never participated.[18]

The table indicates that the vast majority of terminations were for negative reasons: nonparticipation, loss of contact with the enrollee by program staff, failure to meet program requirements, dissatisfaction with the program, pregnancy, and pressures from parents and partners. Only two of the termination reasons can really be considered neutral: moving and health problems. Under other circumstances, leaving the program to take a job could be considered a positive outcome, but young women who left within the first four months were unlikely to have received either the educational credentials or the training the program seeks to provide. Instead, most of these young women who took a job did so because they needed the money, sometimes desperately.

Predictably, termination reasons differed for participants and nonparticipants. For nonparticipants, the main reason for termination was that the women were never active. For

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[18]The New Chance management information system (MIS) allowed site staff to select one of 12 reasons (including a residual "other" category) as the one best explanation for each enrollee's termination. These reasons are the ones shown in the table.

TABLE 7.6

REASONS FOR ENROLLEE TERMINATION FROM NEW CHANCE, BY PARTICIPATION STATUS

Sample and Reason for Termination	Ever Participated	Never Participated	Total
4-Month Sample Terminees			
Dissatisfaction with program	10.8%	0.0%	8.0%
Loss of contact	21.7	10.2	18.7
Enrollee never active[a]	13.9	83.1	32.0
Parental pressure	1.2	0.0	0.9
Partner pressure	1.2	0.0	0.9
Failure to meet program requirements	18.7	0.0	13.8
Pregnancy	2.4	0.0	1.8
Other health reasons	7.2	3.4	6.2
Employment	5.4	0.0	4.0
Moved	5.4	3.4	4.9
Other	12.0	0.0	8.9
All reasons	100.0	100.0	100.0
Number of Terminations	166	59	225
Termination Rate of 4-Month Sample	25.3%	72.8%	30.5%
8-Month Sample Terminees			
Dissatisfaction with program	5.3%	0.0%	4.4%
Loss of contact	17.8	0.0	15.0
Enrollee never active[a]	15.1	85.7	26.1
Parental pressure	1.3	0.0	1.1
Partner pressure	1.3	0.0	1.1
Failure to meet program requirements	28.3	0.0	23.9
Pregnancy	3.3	0.0	2.8
Other health reasons	6.6	7.1	6.7
Employment	5.3	0.0	4.4
Moved	5.9	7.1	6.1
Other	9.9	0.0	8.3
All reasons	100.0	100.0	100.0
Number of Terminations	152	28	180
Termination Rate of 8-Month Sample	45.1%	87.5%	48.8%

(continued)

TABLE 7.6 (continued)

SOURCE: MDRC calculations from New Chance MIS data.

NOTES: The sample for the top panel includes 738 young women at 15 sites who enrolled in New Chance from August 1989 through September 1990, 225 of whom terminated within four months after program entry. The sample excludes enrollees from the Chicago Heights site because of the late start of random assignment at the site.

The sample for the bottom panel includes 369 young women at 14 sites who enrolled in New Chance from August 1989 through May 1990, 180 of whom terminated within eight months after program entry. The sample excludes enrollees from the Chicago Heights and Harlem sites because eight months of follow-up were not available for enrollees at these sites.

Distributions may not total 100.0 percent because of rounding.

[a]This reason for termination reflects staff judgments rather than actual participation hours from MIS data.

participants, the most important reasons for termination were loss of contact (i.e., the young woman left the program and could not be reached thereafter) and failure to meet program requirements (almost always because of extremely poor attendance).

The table also displays comparable data for enrollees in the eight-month sample. Almost half of the young women (49 percent) in this sample had left the program within eight months after random assignment. Again, most terminations were for negative reasons.

These termination reasons, while useful for administrative purposes, do not fully capture participants' many reasons for leaving the program. For example, several Detroit participants stopped attending and were terminated immediately after getting their GEDs; achieving this credential was what they wanted in the first place. A departure for this reason could legitimately be coded "dissatisfaction with the program," "failure to meet program requirements," or even, in some circumstances, "lost contact."

Termination rates varied by site, as Appendix Table D.1 makes clear. In part, this variation reflects differences in the extent of absenteeism among the sites. (Thus, Denver, which had good attendance, terminated only two young women; one had never participated, and the other moved out of the area.) In other cases, the variation points to the fact that some sites were quicker than others to remove nonparticipants from the enrollee roster.

Young women who have been terminated can be readmitted to the program if they make a convincing case that they are ready to comply with program rules. One in six terminees in the eight-month sample reenrolled in New Chance by December 1990.

B. Participant Characteristics Associated with Early Termination

Table 7.7 makes it clear that a number of characteristics of participants measured at program enrollment were significantly associated with early departure from New Chance. The data indicate that participants were significantly more likely to remain enrolled for at least four months if they had lived with both parents at age 14, if they had completed more schooling themselves and had higher educational expectations for their children, if they had never repeated a grade or dropped out of school before becoming pregnant, if at least one parent was a high school graduate, if they were using birth control when they entered the program, and if the father of her child or his family ever babysat for the child. They were less likely to stay enrolled if they had CES-D scores indicative of depression, lacked a home phone, and had children who were not living with them.

These findings on the correlates of early termination overlap to a considerable degree with the data on participants' characteristics associated with better attendance that were presented earlier in this chapter. Both sets of findings suggest that women with more personal resources – e.g., who had experienced greater educational success in the past and who appeared more motivated – were better able to participate, and to continue to do so, than those who were more disadvantaged psychologically and economically.

TABLE 7.7

CHARACTERISTICS AT ENROLLMENT RELATED TO TERMINATION FROM NEW CHANCE WITHIN FOUR MONTHS AFTER PROGRAM ENTRY

Characteristic	Terminated	Did Not Terminate
Ethnicity[a]		
White, non-Hispanic	39.0%	61.0%***
Black, non-Hispanic	20.1	79.9
Hispanic	24.5	75.5
Enrollee has child not living with her		
Yes	42.3	57.7*
No	24.6	75.4
Enrollee lived with mother and father at age 14		
Yes	19.0	81.0*
No	27.0	73.0
Highest grade level completed		
8th or below	32.9	67.1**
9th	31.6	68.4
10th	21.6	78.4
11th	23.1	76.9
12th	12.8	87.2
Left school before first pregnancy		
Yes	34.3	65.7***
No	20.3	79.7
Years since last attended school		
Less than 1	15.8	84.2**
1	23.6	76.4
2	30.4	69.6
3 or more	30.4	69.6
Ever repeated a grade		
Yes	29.5	70.5**
No	22.3	77.7
Highest level of education expected for child[b]		
High school	33.6	66.4**
College or other post-secondary education	22.6	77.4
Graduate school	21.2	78.8
Parental educational attainment		
Neither parent received high school diploma or GED[c]	34.3	65.7*
One or both parents received high school diploma or GED[c]	22.1	77.9
Father attended college		
Yes	17.6	82.4**
No	28.3	71.7

(continued)

TABLE 7.7 (continued)

Characteristic	Terminated	Did Not Terminate
Current birth control use		
Using birth control	22.2%	77.8%**
Not using birth control	34.8	65.2
No partner	34.2	65.8
Not having sex	20.9	79.1
Used birth control during last intercourse		
Yes	22.8	77.2**
No	31.2	68.8
Child's father or father's family babysits for child[b]		
Yes	21.0	79.0**
No	29.1	70.9
Received parenting instruction in the 60 days before enrollment		
Yes	34.8	65.2*
No	24.1	75.9
CES-D depression score[d]		
0-15	20.4	79.6**
16-23	27.5	72.5
24-60	31.4	68.6
Enrollee has home telephone		
Yes	23.9	76.1**
No	34.9	65.1

SOURCE: MDRC calculations from New Chance MIS data.

NOTES: The sample includes 657 young women at 15 sites who enrolled in New Chance from August 1989 through September 1990 and who participated within four months after program entry. The sample excludes enrollees from the Chicago Heights site because of the late start of random assignment at the site.

Distributions may not total 100.0 percent because of rounding.

A Pearson chi-square statistic was used to test the hypothesis of equal distributions. Statistical significance levels are indicated as *** = 1 percent; ** = 5 percent; * = 10 percent. The table includes only those characteristics for which statistically significant differences in termination rates by subgroup were found.

[a]Excludes a small number of enrollees of other ethnic backgrounds.

[b]When an enrollee had more than one child, her response refers to her first child.

[c]Includes only those enrollees who knew the educational attainment of both parents.

[d]Scores on the CES-D Scale can range from zero to 60. Scores of 16 or over are generally considered to place the respondent at risk for a clinical diagnosis of depression, and scores of 24 or over are considered indicative of high risk for such a diagnosis.

C. Site Practices Regarding Termination

Termination or its threat is the main tool sites have at their disposal for inducing compliance with the program rules, particularly for spurring participants to attend regularly. Sometimes, staff members do not need to carry out this threat. A case manager at one site said he sometimes phoned a participant and told her he had her termination papers in front of him but was "just calling to check" that this was really what she wanted; the call was sometimes enough to convince her to return. If a participant made it clear that she did not want to come back, however, the termination would be put into effect. It is in this sense that many staff members would undoubtedly agree with the comment of one of their number that "participants terminate themselves."

Staff members have held different views about how quickly to terminate noncompliant enrollees. Some staff hoped that if they could retain even a glimmer of a connection with participants, the possibility of addressing some of the many problems participants faced would remain open. Also, they believed that termination would only make things more difficult for the young women.

This rationale appears to have influenced sites' policies concerning young women who become pregnant while in the program. While the New Chance guidelines specify that young women who are pregnant cannot enroll until they have delivered, MDRC permitted sites to formulate their own policies about participants who become pregnant after enrollment. All but four of the 16 sites have opted to allow young women to remain in the program, provided they are physically capable of doing so. Harlem, in contrast, formally terminates pregnant participants from New Chance, although the latter are given "homework kits" and allowed to meet with the classroom instructor every two weeks after the regular school day. Jacksonville, Lexington, and Portland also terminate pregnant participants. (Portland follows standard Job Corps operating procedure in this regard.) Initially, all the staff at the Lexington site agreed that pregnant women should be terminated and reenrolled after the baby was born. They believed that the added attention pregnant enrollees would inevitably receive would constitute an incentive for other young women to become pregnant as well. The program coordinator noted, however, that in practice, case managers have been protective of their clients and that the policy has been applied on a discretionary basis (so that, e.g., young women who were close to achieving a GED and were not yet "showing" have been permitted to remain). She was reluctant to accept the staff's recommendation that the program adopt a more consistent policy because, in her view, greater consistency would mean greater leniency.

Other staff members would prefer to terminate noncompliant participants more quickly. They reason, first, that this sends a "we mean business" message to all the young women. Moreover, by terminating quickly those enrollees who are not making an effort, they can spend more time addressing the needs of those who are trying hard.

Practical considerations have led staff to hold on to enrollees for as long as possible, whatever their personal preferences in this regard. The prospect of reduced funding is one of these. One New Chance site, for example, receives funding both from JOBS and from JTPA under performance-based contracts specifying that these agencies will pay only for "positive

terminations." The program therefore terminates young women only after they have given up on the possibility of reversing their behavior.

Another factor deterring termination is that while reentry after termination is formally possible, funding agencies may not permit former participants to reenroll, or may require them to wait several months before they can be reinstated in the program. At Pittsburgh, for example, welfare employment program funding cannot be used for young women who drop out of New Chance and subsequently want to reenroll. Enrollees at the three California sites who are co-enrolled in GAIN as volunteers (because they are 20 years old or older and have children younger than three) cannot reenter New Chance for six months. Staff fear that in the interim, young women who have expressed interest in rejoining will lose interest, or will get caught up again in personal issues, or will opt for another program.

Despite their reluctance to terminate participants, New Chance staff have sometimes been obligated to do so by the terms of their agreements with outside funders concerning excessive absenteeism. One project coordinator said that the site tries to be "creative" within the funder's rules. Nonetheless, an enrollee's extensive record of absences sometimes makes termination inescapable.

The Portland site, following the general policy used by the Job Corps, adopted a formal termination procedure designed to prevent participants from dropping out simply by drifting away from the program. Before a young woman could be terminated, she had to come in to sign a form and talk with a program staff member about this decision. Portland staff felt this served three purposes. First, by not letting the young woman "off the hook" for non-attendance, staff could reinforce the importance of responsibility and the idea that negative behavior has consequences. Second, they could draw the parallel between the "right" way to leave the program and the acceptable way to leave a job (by giving formal notice, etc.). Finally, however, they could extend an invitation to the young woman to return to the program if and when she felt ready.

The Portland case suggests that, if it is handled in a direct and open way, termination need not be seen as a purely negative experience. It can give needed closure to a participant's program stay, while also reestablishing lines of communication and leaving open the possibility of subsequent reentry.

V. Early Indicators of GED Attainment and Other Program Benchmarks

The New Chance guidelines mandate that participants enter work internships or occupational skills training by the fifth month after program entry. The purpose of this requirement was to ensure that the program, and the participants, would stay focused on preparation for entry into the labor market. An underlying assumption was that, by the fifth month, a sizable proportion of the young women would have obtained a GED and would be ready to take the next step on the route to self-sufficiency.

The entry of young women into work internships and skills training marks the beginning of the second phase of New Chance and, as such, is outside the scope of this report. Because

early information on attainment of these program benchmarks is available, however, it is included in this section. A much fuller discussion of the transition to the second phase will appear in a subsequent report.

The data in the top panel of Table 7.8 indicate that some young women achieved program goals according to the timetable laid out in the guidelines. At three sites (Denver, where attendance was generally high; Minneapolis, where enrollees entered reading at a high level; and San Jose, which enjoyed both of these advantages), more than a quarter of the participants received a GED within four months after entering the program. At most of the remaining sites, however, fewer than 10 percent obtained this credential.

Table 7.9 examines the characteristics of participants that were significantly associated with their receipt of a GED within eight months after program entry. As might be expected, the individual's score on the reading subtest of the TABE was the single characteristic most closely associated with getting a GED. Other characteristics strongly related to receiving a GED are similar to the ones associated with better attendance and greater retention; they include indicators of educational attainment and aspirations, motivation, and relative economic and psychological well-being. Thus, young women were more likely to achieve this credential if they had lived with both parents at age 14, had completed more years of schooling, were using birth control, grew up in a family that never received welfare, registered higher self-esteem, had had emotional support available to them (especially from their mothers), and received baby-sitting assistance from the father of their child or his family.

There are many explanations for variations in GED attainment across the sites. Two of these, reading level at entry and attendance, have already been cited. Sites have also differed in their practices concerning when to allow young women to take the GED test. At San Jose, for instance, the education instructor had young women who read at the seventh-grade level at program entry take the GED pretest; if they got a high enough score, she sent them to take the full test. At Allentown, however, staff were concerned that participants would be demoralized if they failed the GED test; the education instructors, therefore, emphasized extensive drills even for those who entered with high reading scores.

Other factors governing rates of GED attainment lie outside the scope of site influence and activity. While the same GED test is administered nationwide, states differ as to what score must be achieved in order to pass the exam. For example, California, Florida, New York, and Oregon require that test-takers attain a minimum score of 40 on each section of the GED test; the other six states with New Chance sites set a minimum score of 35. In Oregon, 16-year-olds are permitted to take the test; in Minnesota and New York, with some exceptions, test-takers must be at least 19 years old.

Furthermore, localities follow different policies and practices that have a major effect on the speed with which a GED can be acquired. In New York, for example, it takes two months to be scheduled for the test, and if the individual fails to pass, she or he must wait two

TABLE 7.8

PERCENTAGE OF NEW CHANCE PARTICIPANTS WHO ATTAINED PROGRAM BENCHMARKS BY THE FOURTH OR EIGHTH MONTH AFTER PROGRAM ENTRY, BY SITE

Benchmark	Allen-town	Bronx	Chula Vista	Denver	Detroit	Harlem	Ingle-wood	Jackson-ville	Lexing-ton	Minnea-polis	Phila-delphia	Pitts-burgh	Port-land	Salem	San Jose	Full Sample
Attained Benchmark by Month 4																
GED receipt[a]	4.3%	0.0%	11.5%	37.0%	0.0%	0.0%	0.0%	0.0%	9.3%	43.4%	0.0%	10.1%	15.2%	0.0%	28.6%	10.6%[b]
Entered skills training	0.0	16.0	0.0	54.5	32.1	94.4	2.9	5.7	0.0	1.9	0.0	9.1	100.0	14.3	14.3	22.5***
Completed skills training	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.4	0.0	0.0	0.0	0.0	0.0	0.0	0.3[b]
Entered work internship	0.0	0.0	0.0	0.0	0.0	0.0	2.9	2.9	8.9	0.0	4.3	2.3	4.8	2.9	10.7	2.6[b]
Completed work internship	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.4	0.0	0.0	0.0	0.0	0.0	0.0	0.3[b]
Sample size	47	25	27	33	81	18	34	35	45	53	46	88	62	35	28	657
Attained Benchmark by Month 8																
GED receipt[a]	18.2%	8.3%	0.0%	66.7%	20.8%	n/a	26.1%	15.4%	13.0%	60.0%	0.0%	18.6%	34.8%	11.8%	50.0%	26.8%***
Entered skills training	0.0	58.3	0.0	65.2	63.3	n/a	20.0	30.8	8.0	3.3	0.0	25.5	100.0	33.3	40.0	35.3***
Completed skills training	0.0	0.0	0.0	0.0	0.0	n/a	0.0	0.0	12.0	0.0	0.0	3.6	0.0	0.0	0.0	1.5[b]
Entered work internship	9.1	0.0	0.0	21.7	22.4	n/a	8.0	69.2	28.0	10.0	12.5	23.6	20.0	22.2	10.0	19.3[b]
Completed work internship	0.0	0.0	0.0	0.0	0.0	n/a	0.0	0.0	12.0	0.0	0.0	3.6	0.0	0.0	0.0	1.5[b]
Sample size	33	12	6	23	49	0	25	13	25	30	8	55	30	18	10	337

SOURCE: MDRC calculations from New Chance MIS data.

NOTES: The sample for the top panel includes 657 young women at 15 sites who enrolled in New Chance from August 1989 through September 1990 and who participated within four months after program entry. The sample excludes enrollees from the Chicago Heights site because of the late start of random assignment at the site.

The sample for the bottom panel includes 337 young women at 14 sites who enrolled in New Chance from August 1989 through May 1990 and who participated within eight months after program entry. The sample excludes enrollees from the Chicago Heights and Harlem sites because eight months of follow-up were not available for enrollees at these sites.

A Pearson chi-square statistic was used to test the hypothesis of equal percentages across sites. Statistical significance levels are indicated as *** = 1 percent; ** = 5 percent; * = 10 percent.

[a]The sample for GED receipt by month 4 excludes 51 young women who had a high school diploma or GED at program entry. The sample for GED receipt by month 8 excludes 27 young women who had a high school diploma or GED at program entry.

[b]A chi-square test was inappropriate because of low expected cell frequencies.

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TABLE 7.9

CHARACTERISTICS AT ENROLLMENT RELATED TO PARTICIPANTS' RECEIPT OF A GED WITHIN EIGHT MONTHS AFTER PROGRAM ENTRY

Characteristic	Received GED	Did Not Receive GED
Age of youngest child in years		
Under 1	23.7%	76.3%*
1	25.3	74.7
2 or older	40.8	59.2
Age at first child's birth		
Under 16	10.6	89.4*
16	30.3	69.7
17	25.7	74.3
18	35.3	64.7
19	32.3	67.7
Enrollee lived with mother and father at age 14		
Yes	41.7	58.3***
No	23.2	76.8
Highest grade level completed		
8th or below	12.2	87.8**
9th	20.0	80.0
10th	27.7	72.3
11th	36.1	63.9
12th	100.0	0.0
Reading grade level		
4th or below	0.0	100.0***
5th or 6th	2.9	97.1
7th or 8th	23.5	76.5
9th or above	48.4	51.6
Ever repeated a grade		
Yes	20.2	79.8*
No	30.9	69.1
Desired educational attainment		
High school diploma or GED	17.3	82.7**
Some college	33.3	66.7
College or graduate degree	31.0	69.0
Family on AFDC when enrollee was young		
Never	35.1	64.9*
2 years or less[a]	24.6	75.4
More than 2 years[a]	23.1	76.9
Always	17.8	82.2
Ever had an abortion		
Yes	36.4	63.4**
No	23.6	76.4

(continued)

TABLE 7.9 (continued)

Characteristic	Received GED	Did Not Receive GED
Current birth control use		
Using birth control	31.2%	68.8%*
Not using birth control	14.0	86.0
No partner	22.2	77.8
Not having sex	20.7	79.3
Used birth control during last intercourse		
Yes	30.8	69.2**
No	17.2	82.8
Father or father's family babysits for child[b]		
Yes	32.2	67.8*
No	22.2	77.8
Ever in occupational skills training		
Yes	35.1	64.9*
No	24.0	76.0
Self-esteem score[c]		
10-31	16.7	83.3**
32-44	26.3	73.7
45-50	40.4	59.6
Received emotional support		
Yes	28.1	71.9**
No	0.0	100.0
Received emotional support from mother		
Yes	32.6	67.4**
No	18.9	81.1
Enrollee has driver's license		
Yes	38.3	61.7**
No	22.7	77.3

SOURCE: MDRC calculations from New Chance MIS data.

NOTES: The sample includes 310 young women at 14 sites who enrolled in New Chance from August 1989 through May 1990 and who participated within eight months after program entry. The sample excludes enrollees from the Chicago Heights and Harlem sites because eight months of follow-up were not available for enrollees at these sites. It also excludes 27 young women who entered the program with a high school diploma or GED.

Distributions may not total 100.0 percent because of rounding.

A Pearson chi-square statistic was used to test the hypothesis of equal distributions. Statistical significance levels are indicated as *** = 1 percent; ** = 5 percent; * = 10 percent. The table includes only those characteristics for which statistically significant differences in GED receipt rates by subgroup were found.

[a]The family's AFDC receipt may not have been continuous.

[b]When an enrollee had more than one child, her response refers to her first child.

[c]Scores can range from 10 to 50; 30 is considered the neutral midpoint.

months before taking it again.[19] Moreover, those who fail one part of the test must retake the entire exam. Test administration rules may differ even within the same state. At the Chula Vista site, test-takers are allowed to take the five separate exams comprising the GED one at a time, a policy that allows for "cramming" for each test (and, presumably, a higher pass rate). At Inglewood, on the other hand, test-takers are required to take all the tests within a 48-hour period, a practice that is exhausting and does not permit intensive preparation for a single subject.

At the four-month mark, 23 percent of those young women who participated in the program had entered skills training, and 3 percent had been placed in a work internship. Again, there was variation among the sites. All the young women at Portland participated in skills training; as noted in Chapter 6, this was the only site that offered skills training concurrently with education and the other New Chance components, from the very beginning of a participant's stay in the program. At eight other sites, under 10 percent of the participants received such training.[20]

Four main factors explain the delays in moving young women into Phase 2 of the program. Perhaps the most important of these is that the New Chance sites have found that few training providers are willing to accept students who do not have a GED. The slower-than-anticipated progress of program enrollees toward a GED has inevitably meant that their entry into skills training has had to be postponed.

Second, when young women are ready to enter skills training, the training programs are not necessarily ready to accept them. While some skills training programs operate on an open-entry basis, others enroll new participants only at specified times, such as the start of a new semester.

Third, staff at some sites have interpreted the "readiness" of participants for Phase 2 activities in psychological as well as educational terms and have been reluctant to move along young women until they have judged them ready for an environment that may be less welcoming and supportive than that of New Chance. Sometimes, this attitude is grounded in experience with participants who have had difficulty adjusting to off-site activities. Sometimes, it reflects the difficulty of treading a fine line between being nurturing and being overly protective.

Finally, staff have not always incorporated planning for Phase 2 into their counseling sessions with individual participants or into their activities with the group as a whole. In the

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[19]The delays have become so lengthy that the problem was the topic of a front-page story in the *New York Times* ("Obstacles to Equivalency Exam Deny Many a Chance for Success"), January 22, 1991.

[20]The table indicates that 94 percent of the Harlem enrollees participated in skills training. This consisted of a typing course offered on-site for two hours a week. All participants are required to take this course, the reasoning being that keyboard skills are useful in almost every occupation. While counted as "training" for purposes of the New Chance MIS, it should not be confused with other, more intensive training offered by the site. (The regular Clerk Typist training course, for example, requires that students have a high school diploma or GED.)

early period covered by this report, the five-month mark has sometimes "snuck up on" staff members, and this has contributed to delays in the transition process.

The bottom panel of Table 7.8 examines the attainments of those members of the eight-month sample who participated in New Chance activities. The data provide grounds for optimism, indicating that over time, rates of both GED attainment and entry into skills training can be expected to rise considerably. By the eighth month after program entry, over one-quarter of these young women had received a GED, and over one-third had begun skills training. These young women were on their way to achieving the program's goal of self-sufficiency.

Another gauge of the success of New Chance in helping young women move toward economic independence is the rate of repeat pregnancy and childbearing. The information available thus far is preliminary and should be regarded with caution, since it includes only pregnancies that participants reported to staff and is likely to understate the true number of these pregnancies. The data indicate that 9 percent of the 337 young women who participated in New Chance and for whom eight months of follow-up are available reported a new pregnancy to staff after they joined the program (not shown in the table). It appears that about one-third of these young women actually became pregnant before enrolling in New Chance but either did not know they were pregnant or knew but did not inform staff because they did not want to be excluded from the program. About one-third of the pregnancies ended in miscarriage or abortion.

VI. The Data in Context: New Chance and Other Programs for Disadvantaged Youth

As noted in the introduction to this chapter, securing good attendance and retention while helping young people advance toward self-sufficiency has been a common problem in programs serving disadvantaged youth. This section places the early New Chance data in the context of findings from two other such programs operated during the late 1980s – the JOBSTART and Teenage Parent demonstrations – and from the New Chance pilot phase. The JOBSTART and Teenage Parent demonstrations seem especially relevant for two reasons. First, both served young mothers in large numbers: The Teenage Parent Demonstration, as its name suggests, was directed toward this population exclusively, while about one-quarter of all enrollees in JOBSTART were young women with children. Second, like New Chance, both programs were intensive and placed major emphasis on the delivery of education and skills training.

Unfortunately, drawing comparisons is complicated by the problem of nonequivalent follow-up periods. In this report, follow-up periods of four and eight months are employed; for the JOBSTART and Teenage Parent demonstrations, the follow-up was for a year, on average; in the New Chance pilot, enrollees were followed up for six months. As a consequence, most comparisons are necessarily inexact.

Young mothers who participated in JOBSTART registered an average of 383 hours in all program components within 12 months after random assignment (Auspos et al., 1989), in contrast to 136 hours within the first four months for New Chance participants. The mix of

services in the two programs is quite different by design, so that in JOBSTART, education and skills training accounted for 90 percent of all participation hours, with other activities (what in New Chance would be counted as personal development services) constituting the remaining 10 percent. After three months, retention rates for young mothers in the two demonstrations were very similar: 82 percent of the participants in New Chance and 86 percent of those in JOBSTART remained enrolled. There is evidence that New Chance has had higher long-term retention rates: 55 percent of the New Chance participants in the eight-month sample remained enrolled at the end of that period, while for young mothers in JOBSTART, 35 percent were still participating in the ninth month after random assignment.

Survey results indicate that at 24 months after random assignment, 34 percent of the young mothers placed in the JOBSTART experimental group had obtained a GED. In comparison, 27 percent of the participants (24 percent of all experimentals) in the New Chance eight-month sample had received this credential after entering the program. This suggests that over time, the educational attainment of New Chance enrollees may equal or exceed that of their counterparts in JOBSTART.[21]

Early findings from the Teenage Parent Demonstration indicate that the large majority of the young women participated in some activity over the follow-up period. Sanctioning was an important tool for achieving these participation rates (Hershey and Nagatoshi, 1989; Hershey, 1990; Polit, Kisker, and Cohen, 1989).

During the New Chance pilot phase, data on participation and the achievement of program benchmarks were collected. The percentage of participants who took part in education, employability development, health, family planning, and parenting activities was either about the same as or higher during the demonstration than during the pilot period. Retention rates were lower for the demonstration participants (75 percent at four months and 55 percent at eight month versus 73 percent at six months for the pilot phase enrollees), as were rates of GED receipt (25 percent at eight months versus 30 percent at six months). However, it should be noted that the GED attainment rate for the pilot period was driven by the unusually high percentage of participants who achieved this credential at a single site.

Finally, while New Chance reaches an exceptionally disadvantaged group of young people, it is worth noting that the problems these young women confront are increasingly shared by other American youths, and with similar consequences. A recent report prepared for the Center for Research on the Context of Secondary School Teaching, based on the experiences of teachers and students in 13 public secondary schools in California and Michigan, notes that veteran teachers have seen fundamental and troubling changes in their classrooms, even over the past five years. The report states: "Altered family patterns, demographic shifts, limited English proficiency, changed social norms and behaviors, dysfunctional behaviors and competing pressures from jobs and family responsibility are factors teachers mention as having a

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[21]The JOBSTART survey also reveals that only 11 percent of the young mothers in that study's control group had received a GED by the 24-month point. The survey to be conducted for the New Chance impact analysis will indicate whether the behavior of the New Chance control group resembles that of their JOBSTART counterparts, and whether New Chance will have an equally strong, or even stronger, impact on educational attainment.

substantial, negative impact on students' attitudes and school performance." The report goes on to say that "poor attendance is the 'student problem' raised most frequently (and most passionately) by public school teachers" (McLaughlin, Talbert, and Phelan, 1990). This suggests that the difficulties that young mothers in New Chance face are more different in degree than in kind from those of many other young people growing up in America.

VII. Summary

The large majority of young women in the experimental group (89 percent) participated in New Chance during the first four months after program enrollment. Participants averaged 136 hours of activities (excluding individual counseling) during this period.

While most participants received services in all program areas, absenteeism was a common and vexing problem. In this respect, the New Chance experience resembles that of many other programs serving disadvantaged youth.

Attendance has varied considerably from site to site. Good attendance reflects the interaction of many factors. One necessary although not sufficient condition is that enrollees have a clear understanding of what is expected; consequently, attendance policies must be clearly articulated at the outset as well as periodically reinforced. Program staff also must work hard to make the program a lively, engaging place to be, since many young women join in part to escape a monotonous existence. A friendly, supportive peer group is particularly important, and staff should be experienced in handling group dynamics. Recognizing participants' progress through rewards and rituals (such as graduation ceremonies) helps build morale, especially when the participants themselves help decide on the rewards and when these are structured so that all participants' accomplishments will be acknowledged. Stipends to defray transportation costs and other expenses associated with participation may also be helpful in promoting participation, along with quick follow-up of absentees.

Non-program-related factors may also constitute barriers to regular attendance. Site staff have had varying degrees of success in addressing these issues. For example, several programs have provided buses or vans to compensate for inadequate public transportation. Participants have often cited conflicting appointments with clinics or welfare caseworkers as a reason for absenteeism.

Finally, many participants have faced complex personal problems that have impeded their attendance, especially unsupportive family members and partners and unstable housing arrangements. Compounding these, in some cases, has been the immaturity of some young women, their tendency to live in the moment, and the fact that they are unused to a routine. Some of these personal difficulties can be overcome through skilled case management that helps the young women identify strategies for resolving problems before they have reached crisis proportions. However, while sites must make their best efforts to improve attendance, instructors also need to have strategies at hand for reducing the adverse effects of absenteeism.

By the fourth month after random assignment, 30 percent of all young women (73 percent of the nonparticipants and 25 percent of those who were active at some point) had

terminated from the program. These early terminations were largely due to poor attendance. Site staff have held different views about the value of promptly terminating noncompliant participants: Some have reasoned that doing this sends the right message to all the young women, while other staff members have preferred to maintain absentees on the rolls while trying to address their attendance problems.

Early data on the achievement of program benchmarks suggest that entry into skills training and work internships has been slower than expected, largely because the sites have found few training providers willing to accept students without a GED. At four months after program entry, only 10 percent of all participants had received this credential. Progress toward a GED has also been slower than anticipated, but steady nevertheless: 25 percent of program participants who were followed up for eight months had received their GEDs by this point. Nine percent of the participants who were followed up for eight months reported a repeat pregnancy to staff members; about one-third of these pregnancies ended in a miscarriage or an abortion.

A finding that pervades the chapter is that the young women who did better in New Chance – those who attended more regularly, remained enrolled longer, and were more likely to receive a GED – were the ones who exhibited educational and psychological strengths at the outset. While specific indicators of these strengths differ for the different outcomes examined, in general, young women who had higher educational attainment and aspirations, were motivated to avoid childbearing, were not depressed, had higher self-esteem, and had emotional support available to them at program entry did better than those with fewer resources in these areas.

However, it seems at least plausible that young women who had more going for them initially would be in a better position to make something of themselves even without the assistance of New Chance. The major evaluation task that lies ahead is to discover whether New Chance makes a difference, and if so, how much, in helping these young mothers – both those with more advantages and those with fewer – attain self-sufficiency and create a better life for themselves and their children.

CHAPTER 8

REFLECTIONS ON THE EARLY IMPLEMENTATION EXPERIENCE

[In comparison with other programs with which she had been associated] *"New Chance may be both the most difficult to run and the most rewarding."*

A New Chance program coordinator

There is one overarching lesson from this early period of New Chance operations: It has proved possible to implement the first phase of the model in diverse settings, to recruit a highly disadvantaged group of young mothers, and to create a program that yields satisfactions for participants and staff alike. To be sure, implementation has been a challenge because the New Chance program is complex and because the lives of program enrollees are complicated and often extraordinarily difficult. Whether New Chance enables participants and their children to move toward self-sufficiency and toward better lives is the critical question that will be addressed by the New Chance impact analysis. This final chapter offers reflections on both the challenge and the rewards of program implementation.

I. The Challenge

Program coordinators had varying views on the ease of operating New Chance. Some cited the program guidelines and the training and ongoing technical assistance they received from MDRC as important factors facilitating implementation. Good staff made running the program easier, as did full support from the sponsor agency.

Nonetheless, any new initiative requires adjustments. The comprehensiveness and intensity that are intrinsic to the program model make this especially true of New Chance. The comprehensiveness of the model means that many different components had to be put in place. All the program functions had to be staffed – whether by hiring new staff, reassigning existing sponsor agency personnel, or forging linkages with other agencies to provide services – and staff activities had to be supervised. When turnover occurred, new staff members had to be found and integrated into the ongoing program. Class schedules had to be coordinated and special activities (e.g., field trips, award ceremonies, and parties) planned. Decision-making mechanisms, attendance-monitoring methods, rules, and rewards had to be developed (and material rewards had to be obtained from willing donors). Furthermore, as a new initiative, New Chance faced additional recruitment challenges, and programs had to win the support of funders, political figures, and the media. Because New Chance is a research project, program personnel also had to satisfy the requirements of the evaluation. Most of these activities had to take place at the same time, and through all of it, the program's ultimate goals – helping young women move toward self-sufficiency and develop as parents and as people – had to be kept at the fore.

It is remarkable in this regard that all sites managed to accomplish virtually all these tasks. Moreover, some sites have excelled in nearly all aspects of program operations. The extraordinary

difficulty of the challenge is manifested in the fact that no site has excelled in *all* dimensions. The Denver program has achieved high attendance, developed generally effective components, and cemented strong bonds among participants, but did not meet recruitment goals. Detroit and Pittsburgh, with strong community linkages and recruitment success, have not yet found a solution to absenteeism problems. Portland has done well both in recruiting participants and in maintaining relatively high attendance, in large measure because the site represents a unique collaboration with the Job Corps, which has brought a great deal in the way of resources and structure.

Interestingly, the prior experience of the sponsor agencies does not appear to have been closely related to their ability to put strong components in place. Sites found it relatively easy to put a high-quality parenting component in place, and this was as true at sites that had not previously provided this service as at those that had. However, employability development was a relatively weak component at many sites, whether or not they began with an emphasis on employment-related activities. This is largely because the employability development services prescribed by New Chance (i.e., career exploration activities and pre-employment skills training) were generally more intensive than what even employment-focused sites had done in the past. What seems to matter most in determining the strength of a particular component is the capacity of the particular staff member in charge of it.

If the complexity of the model presents operational issues for program staff, its intensity brings out a wide range of issues concerning both actual and potential enrollees. For one thing, there is reason to believe that a less rigorous initiative would have made recruitment efforts easier. It appears that the main competition New Chance has faced has not been other comprehensive programs for young mothers (which largely do not exist) but, rather, much less demanding programs focusing exclusively on GED preparation, because this is all many young women want or think they need.

There is no way of knowing whether a less rigorous schedule would have resulted in reduced absenteeism. Some participants have lacked the motivation or perseverance to come every day and have, in effect, created part-time programs for themselves. In other cases, however, the daily attendance requirement has brought to light critical underlying issues that can impinge on good-faith efforts to maintain regular participation: homelessness, domestic violence, substance abuse, depression, or lack of support from the people the young women love and care about. These issues might well be masked in a program of lesser intensity or shorter duration.

As New Chance has evolved, program staff have developed ways of responding to the problems they have uncovered. Some sites have developed linkages with mental health agencies to which they can refer especially troubled young women for psychological counseling. Some have arranged for guest speakers on such topics as domestic violence.

In some cases, they have also initiated more long-term, less crisis-oriented strategies for dealing with participants' issues. The Allentown site has established a residence that provides temporary shelter to three or four women and their children. The Chula Vista, Pittsburgh, and Portland sites have obtained Section 8 housing subsidies for participants.

The severity of participants' problems and the development of adaptive responses to them have further increased the operational complexity of New Chance. Along with all their regular

responsibilities, case managers and other staff members must often expend considerable time and effort helping a particular individual weather a particular crisis – locating a place for her and her children to spend the night, for example. Developing new linkages and finding additional speakers to address special issues also take work. An effort like the Allentown residence requires the program to seek financial resources beyond those in its original budget.

In sum: The intensity of the New Chance model brings to light participants' problems, and these in turn may necessitate an even more complex intervention strategy.

Findings on attendance in New Chance are relevant to other welfare-to-work programs. They are especially noteworthy given the requirement that state JOBS programs, in order to receive enhanced federal funding, can count as "participants" only those who attend at least 75 percent of the hours for which they are scheduled and who, as a group, average 20 hours a week in activities aimed at promoting self-sufficiency. For the most part, studies of short-term, less intensive mandatory welfare-to-work programs have not looked in detail at the problems of welfare recipients that are obstacles to regular attendance.[1] Several MDRC studies examining the extent to which participation in such programs was continuous suggested that the percentage of welfare recipients who participated continuously was substantially lower than the percentage who ever participated (e.g., Hamilton, 1988), but again did not focus on reasons for absenteeism. In New Chance, the magnitude of these problems makes such a focus inescapable.

JOBS participants are mostly older than the women in New Chance, and their behavior is less likely to reflect adolescent immaturity. However, the New Chance experience suggests that the more demanding the participation requirement, the more hours and weeks or months it entails, the more program operators can expect to run up against issues that interfere with participants' regular attendance.

A final reason that implementing New Chance has been so challenging is that program operators have discovered that while planning and policies are important, so is flexibility to adjust these plans when they are not working and to modify policies to fit circumstances. No hard-and-fast rules apply in dealing with participants. As noted in Chapter 7, different cohorts of participants establish group dynamics, and staff have found that what works well for one group may not work so well for another.[2]

What is true for groups of participants is also true for individuals. Staff must exercise discretion in dealing with many situations. Case managers may choose to lavish praise on a young woman in a difficult situation who attends three days out of five, while exerting firm pressure on a young woman with few obstacles to participation who comes with equal frequency. A case manager at one site said he adopted different strategies in trying to induce young women who have been absent to return. Some he calls right away and encourages to come back. Others he leaves alone for a while, giving them time to decide for themselves what they really want to do.

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[1]One exception is Gould-Stuart, 1982.

[2]Edward Pauly makes a similar point in his recent book *The Classroom Crucible: What Really Works, What Doesn't, and Why* (1991). His research on high schools concludes that each classroom group of students differs in the educational methods that meet its needs, and, therefore, effective programs require a skilled and flexible staff, careful efforts to match students to teachers with whom they can work effectively, and interventions to change ineffective classrooms.

In the same vein, the program coordinator at another site said that her response to absenteeism depends on the nature of the underlying problem. Sometimes she tells participants to take a week or so off to find a solution (such as a new place to live). At other times, she stresses that staying home is not the answer.

Similarly, despite their general concern with helping students advance, staff may urge one young woman who lacks faith in her academic prowess to take the GED test while permitting another to wait a few more weeks if they believe she would be devastated by failure and that additional drill would increase her self-confidence. And despite their need to prepare participants to leave the safe, comfortable atmosphere of the program for skills training, staff must be sensitive to cases where a premature departure is likely to result in acting out, jeopardizing continuation in off-site activities, and/or dropping out. In short, they must be both caring and tough, and, working within the broad parameters of the program's objectives, they must judge what balance of these qualities each young woman needs at each point in time.

This is a demanding situation for staff, who always have to be "on their toes" and who get frustrated, as do other adults, by "teenage behavior." Training, education, and experience help in this. Even trained and experienced staff members make mistakes, but these mistakes are likely to be fewer in number and less costly in terms of wasted potential and discouragement.

Guidelines, as noted earlier, can assist program staff in many ways. But they cannot instill in staff the ability to make wise decisions about individual participants. Furthermore, while guidelines can ensure that certain components cover certain topics, and can recommend techniques for getting the material across, they cannot ensure that staff have the necessary group facilitation and teaching skills, nor that they can generate enthusiasm about what they are doing. Guidelines are a useful supplement to, but not a substitute for, staff excellence. This is especially true in programs that must engage the interest and commitment of exceptionally disadvantaged participants over an extended period.

A final, global operational lesson is this: Programs providing intensive services to disadvantaged youth should recognize that the strength of their programs ultimately depends on the strength of their staff members, and should make hiring – and pay – decisions accordingly. In particular, they should look for staff who are experienced in handling group dynamics and who are committed to searching for and testing new ways of presenting information.

II. The Rewards

Much of this report has focused on the issues sites have faced, on the problems for which they have sometimes, but not always, found solutions. Certainly, staff feel frustrated on occasion, sometimes by program conditions (poor facilities, low pay, changes in leadership), sometimes by the behavior of participants.

Yet, the overriding spirit at the New Chance sites is generally one of optimism. This is because, as the program coordinator quoted at the beginning of the chapter noted, working with New Chance is often intensely rewarding.

One source of satisfaction is the strong political and community support some sites have garnered. As noted in an earlier chapter, the Detroit program coordinator established a local advisory group that has raised the program's visibility throughout the state and secured financial and nonfinancial support from public and private sources. The sponsor agency has been able to mobilize this infrastructure to respond to possible funding cutbacks occasioned by the state's fiscal crisis. The Minneapolis program, too, has been able to forge a strong relationship with government officials at the municipal and state levels; the mayor of Minneapolis has addressed New Chance graduation ceremonies, and the legislature has extended its commitment to the program for another two years. Portland has a strong and stable relationship with the state and local welfare agencies, and its status as a Job Corps site provides an additional source of funding and political support. A number of other sites have similarly engaged the interest and commitment of local and state community and political leaders.

But the main reward staff members experience is working with the young women and seeing positive changes in their lives. Sometimes, these changes are dramatic. Staff members are, of course, pleased by and proud of the "success stories" every site has produced. A few of these success stories follow:

> Connie and her pre-schoolage son moved to the New Chance locale from a Northeastern city, along with her older sister, who has two children. Shortly after her arrival, she received a flyer in the mail from New Chance and called the program. It was her third attempt to complete a GED.
>
> It took a while for Connie to get going in New Chance, but she always felt strong support from the staff and the other students. This support was the main difference between New Chance and the other GED programs she had previously attended. She and another young woman studied together for the GED exam and pushed each other to succeed.
>
> After passing the test, Connie tried a work internship that was unsuccessful and left her uncertain about what she wanted to do. When she asked the program coordinator about law school, the coordinator talked her into trying another work internship with the courts to find out more about what lawyers do. This time, the work internship was successful. One of her coworkers told her about a job as a receptionist at a law firm. Connie was interviewed and hired at a salary of $12,500, and with full benefits including transportation reimbursement and tuition reimbursement if she follows her current plan to embark on paralegal training.
>
> Connie wants to know why there aren't New Chance-like services for people like her sister, who is too old to qualify for the program.

> Lisa enrolled in New Chance when she was 21 years old and her daughter was five. Upon entry she read at only the 5.6 grade level. She applied herself to her studies, and nine months later she took the GED test, but her score fell just short of passing.
>
> Lisa was undeterred. She knew she had to get her high school equivalency certificate to qualify for the job she wanted as an airline reservations clerk. In the

mornings, she continued to attend the New Chance education classes to prepare further for the GED test. In the afternoons, she completed a course in becoming a travel agent. A year after first taking the GED test, she took it again. This time she was successful. Passing the test also enabled her to be certified as a travel agent.

Although Lisa gets along well with her mother, she is eager to move away so that she can get the position she desires in a large urban airport. She also wants to get away from the housing project where she lives; she is disgusted by the drug paraphernalia strewn around its grounds and afraid that her child might jab herself with a needle some day.

Kim has six sisters, all but two of whom have had a baby premaritally. Kim herself became pregnant while she was in high school; her daughter is now four years old. She stayed in school but did not graduate because she was short the required credits. She worked for a while in a record store but left that job, and as the bills began to mount, welfare seemed the only solution.

Kim heard about New Chance from relatives who knew of the sponsor agency. She joined the program, attended almost every day, and within four months had earned a GED. She then enrolled in a three-month training program to become a nurse's aide and after graduating got a job in a nursing home. Kim likes to talk with the patients who have their mental faculties about what things were like when they were young. Other parts of the job are tough – cleaning up after patients, caring for those whose impairments have left them violent – but Kim is philosophical, saying, "If you can take it there, you can take it anywhere." And, she adds, "It feels better being a taxpayer."

Besides, Kim is getting experience for what she really wants to do. Within the year, she plans to enroll in the nursing program offered by a local college while continuing to work part-time.

It is possible that Connie, Lisa, and Kim would have been successful without New Chance; the impact analysis will study whether the program makes a difference by comparing young women in the experimental group with their control counterparts along a wide range of outcomes. Kim, for instance, had several things going for her: two parents who encouraged her to participate ("My mother told me, 'Do something for yourself,'" Kim says), little history of welfare receipt, a relatively high reading score upon program entry. Yet, she had problems too: Absent one day, she came in the next with a black eye, inflicted by her long-time boyfriend (whom she nonetheless hopes to marry).

Kim herself believes New Chance has made a difference. Asked what she thinks she would now be doing if she had not been admitted, she suspects that she might be working, but in a job without a career path. She liked the variety of classes the program offered and the fact that all the students were in the same position and could share their problems and their aspirations. "It's more like a family," she notes. Most of all, she liked the attention and encouragement she received from a caring staff, for whom "everything you do is a big deal."

Staff take pleasure in the participants' own delight at achieving a GED or other goals. They also find it rewarding when the young women use what they have been taught, both in the classroom and in their daily lives. Staff members witness and hear about changes in enrollees' parenting practices, and this gives them hope for the long term as well as the immediate future. One important change is a greater reliance on "time-outs" and verbal discipline instead of spanking. Staff also note that many participants show more patience with their children, touch them more gently, and speak to them more lovingly.

LSO classes give evidence of improvements in assertiveness and decision-making skills; as one LSO leader put it, students start "thinking, not just reacting." In a few instances, participants have put these skills to work in their personal lives by making the wrenching decision to leave an abusive boyfriend. Sometimes, the decisions are less difficult but nonetheless a signpost of change; one staff member cited the instance of a student who reported that her boyfriend "wanted me to do something today, but I told him I had to go to school."

Staff believe that New Chance has increased enrollees' self-esteem. In this regard, they take note of seemingly small changes that sometimes indicate heightened self-confidence and sense of self, as when a participant who has habitually kept her head lowered when talking to staff members is able to look them in the eye, or when a participant who has worn her hair in a style that covers her face brushes it back. At one site, a case manager noted that she has seen changes in such behaviors as more regular bathing and use of deodorant. These unmeasured kinds of changes are an important source of gratification for program staff.

Staff rewards also come through developments in their personal relationships with participants. They are pleased when participants feel comfortable with them and confide in them and when they can be of assistance. One case manager put it, "It's rewarding when a participant tells me, 'you helped me' – or just when someone who's been acting nasty for a week comes by and says 'hi.'"

It is especially satisfying when young women with initial attendance problems make a dramatic reversal and start coming regularly. Staff do not believe this is possible for everyone. But they express hope that women who leave the program early may return when they are "more ready" to take advantage of what New Chance has to offer – a hope fueled by the fact that this sometimes happens. Moreover, they tend to believe that even those young women who have not returned have gained something from their program stay: the awareness that other young mothers are working toward a future that is different from the present, the experience of a caring and supportive environment. As one case manager puts it, New Chance may give them "a taste of what could be."

APPENDIX A

NEW CHANCE SITE PROFILES

Expectant and Parenting Youth Program
Private Industry Council of Lehigh Valley
Allentown, Pennsylvania

As the local JTPA operator, the Private Industry Council (PIC) of Lehigh Valley has provided occupational skills training programs to youth and adults in the Allentown/Easton/ Bethlehem area since 1983. New Chance operates as part of the PIC's Expectant and Parenting Youth Program (EPYP), which was created in 1985 to serve 14- to 21-year-old pregnant and parenting women who are high school dropouts. Housed at the PIC, EPYP/ New Chance uses PIC services, including on-site vocational training programs, an IBM PALS (Principles of Alphabet Literacy System) computer learning center, on-site child care, work internship development, and job placement assistance.

EPYP offered many of the New Chance activities before joining the demonstration, and was nationally recognized as a strong provider of education and parenting services for adolescent parents. EPYP is approved by the state's Department of Education as an alternative school for pregnant and parenting teens. The on-site day care center is an integral part of the parenting component and offers daily opportunities for staff to work with the young women and their children. The day care staff are employees of EPYP and have successfully coordinated child care services and parenting instruction with other activities.

In implementing the New Chance model, EPYP's experienced staff expanded the program's focus on employment-related services by enhancing the career exploration and pre-employment skills activities, making work internships a year-round option, and connecting participants with vocational training programs. The program also added strong family planning classes. In addition, the program has formed linkages with other agencies to provide services, including speakers from the Penn State Cooperative Extension and from Planned Parenthood.

EPYP/New Chance staff have successfully incorporated some services that make the site's program especially comprehensive and responsive to the teens' needs. Most notable are the on-site clinic provided once a month by the Visiting Nurse Association (VNA) and the group home operated by EPYP. The monthly VNA clinics provide a highly accessible setting for New Chance mothers and their children in which medical staff can treat acute problems, provide immunizations and well-care checkups, and highlight the importance of regular health care. The EPYP/New Chance group home, which can accommodate up to five families at one time, enables the program to respond to housing emergencies and helps prepare young women for independent living. A "house mother" reinforces in the home setting what the teens have learned in their life skills, nutrition, and health classes.

The education component has grown a great deal since the first year of New Chance operations. EPYP's strong team of teachers has created a more individualized education program that is responsive to the diverse needs of the students. In addition to creating separate sections for GED preparation and basic skills remediation, staff have brought in volunteer tutors and developed a literacy lab.

Despite a well-planned recruitment campaign and strong linkages to two county welfare departments, recruitment has consistently been a challenge. Information from local welfare departments on the number of potential New Chance eligibles in the area indicates that the program is recruiting from a relatively small pool. However, staff have successfully drawn in a large percentage of the eligible population.

The EPYP/New Chance program is fully supported by funds from the Single Point of Contact (SPOC) Program (part of Pennsylvania's JOBS program). All New Chance participants at this site must be eligible for and enrolled in SPOC. The teen parents in New Chance are considered voluntary JOBS participants in Lehigh and Northampton counties. It is anticipated that SPOC will continue to

support the EPYP/New Chance program beyond the operational phase of the demonstration.

National Puerto Rican Forum, Inc.
Bronx, New York

The New Chance program operated by the National Puerto Rican Forum (NPRF) is located in the south Bronx, a community with a national reputation for high rates of school dropout, youth unemployment, teen pregnancy, infant mortality, and drug-related injury and death. This Bronx agency, the flagship of a national network of community-based social service and advocacy organizations, has served this largely Latino neighborhood since 1978. A combination of city, state, and private funding has enabled NPRF to offer education, job skills training, and job placement services. In the fall of 1989, MDRC, the New York State Department of Social Services (DSS), and NPRF contracted to implement New Chance. The program operates as part of CEOSC (Comprehensive Employment Opportunity Support Centers), a DSS initiative that serves AFDC recipients with children under age six.

NPRF's on-site education (featuring computer-assisted instruction), clerical skills training, job-readiness instruction, and job placement services were strong before New Chance was implemented. However, New Chance required NPRF to strengthen services for the parenting and health components and to add career exploration and family planning activities as well as other training options. The modifications were made under the stewardship of NPRF's core New Chance staff – a project director, two case managers, and a parenting instructor.

Strong ties with community agencies have helped this site to fully implement the New Chance model. While NPRF can provide child care on a temporary or emergency basis, it must rely on nearby child care centers, family day care, and other providers to meet the child care needs of participants. Through Montefiore Hospital's Community Clinic and Bronx Lebanon Hospital, New Chance participants and their children receive health care screenings and follow-up referrals for treatment. Staff from the municipal health department and Montefiore have made classroom presentations on family planning, lead poisoning, and prevention of childhood injuries. In addition, state, city, and private agencies have served as referral centers for child and family welfare issues. Finally, New Chance participants have attended special conferences on career and education opportunities held at local colleges. Along with these agency ties, the site has also built relationships with prospective employers in the community.

Child care problems, unstable housing arrangements, and physical abuse have affected program attendance and retention, and GED attainment rates have been lower than expected. Staff have been exploring a variety of creative strategies to overcome these challenges, including home visits, increased personal counseling, and asking participants who have been in the program for a while to serve as mentors for new participants.

NPRF enjoys an excellent relationship with DSS and the New York City Human Resources Administration (HRA), the city welfare agency. Both have provided valuable financial support and referrals of eligible applicants. Local JOBS funds have paid for participants' support services and training-related expenses. Support from DSS and HRA is expected to continue and should ensure the long-term stability of New Chance at this site.

Aunt Martha's Youth Service Center, Inc.
Chicago Heights, Illinois

Aunt Martha's Youth Service Center, Inc., a 15-year-old community-based organization, offers comprehensive services to young people and their families living in Cook and Will counties, south of Chicago. Begun as a counseling center, Aunt Martha's has expanded to offer education, employment and health

services, child care, legal assistance, youth activities, and foster care services.

Aunt Martha's adopted the New Chance model in 1986, when it became one of six agencies selected to participate in the national pilot phase of the program. New Chance was built on the agency's existing parenting, family planning, and employment services. Some services, including education, were expanded for both the pilot phase and the demonstration. Child care is provided off-site through a network of day care centers and family day care homes. Aunt Martha's has developed linkages with local institutions for occupational skills training courses, and with local employers for work internship opportunities. The core New Chance staff at this site is supplemented by instructors from other programs at Aunt Martha's, who teach the parenting, health, and family planning components.

The area south of Chicago served by Aunt Martha's includes both suburban and rural communities, which has required staff to develop a diversified recruitment strategy to draw young mothers to the program. Staff have made presentations at community agencies, hospitals, churches, schools, and a local chamber of commerce. Meetings have been held with local welfare office staff, the state's Department of Rehabilitation Services, and the Job Corps. Public service announcements have appeared on local radio and cable television stations, advertisements placed in community newspapers, and flyers posted in social service offices and local businesses.

The women enrolled in New Chance have experienced several serious problems such as unstable housing arrangements and domestic violence that have prevented regular attendance at the program. Aunt Martha's has addressed these problems through more intensive counseling and linkages with organizations that aid battered women and provide emergency housing. Attendance has also improved with the development of an incentive program of monetary and non-monetary rewards for good attendance and program achievements.

Aunt Martha's has developed a special linkage with the Illinois Department of Public Aid (IDPA) through its two JOBS programs, Project Advance and Project Chance. Both projects have served as referral sources for New Chance, and additionally as sources of funding for child care and transportation for New Chance participants co-enrolled in either project. The New Chance program has also received a grant from Project Chance for education and training services for participants who qualify for co-enrollment in that project.

Despite state budget cuts in early 1991, IDPA has renewed its commitment to fund New Chance. Aunt Martha's has also obtained continued funding from other sources, including the local JTPA program – a provider of employment-related services and child care for JTPA-eligible participants – and the state's Board of Education, all of which will ensure the level of services at the site.

Del Rey Center
Sweetwater Union High School District
Chula Vista, California

Sweetwater Union High School District's New Chance program is located at the Del Rey Center, which was formed from the merger of an alternative high school and an adult school in 1986. Adult education, occupational skills training, and counseling services are co-housed with a computer-assisted learning remediation center and Regional Occupational Center programs. (Regional Occupational Centers are funded by the state of California to provide education and occupational skills training programs, mainly to high school-age youth.) The Del Rey Center provides comprehensive education, occupational skills training, and child care services to in-school youth, high school graduates, and dropouts who are at risk of early pregnancy or who are already pregnant or parenting. The U.S. Department of Education

recently named the Del Rey Center one of the top six adult schools in the nation.

Two newly constructed buildings house the New Chance classrooms, counseling and administrative offices, and an infant day care center. The Del Rey Center's Director of Vocational Education was originally responsible for New Chance operations, but has since become the full-time director of the program. Part-time instructors have been hired for workshops in LSO/parenting, employability development, and health/family planning. Full-time staff were hired for the positions of case manager and clerk-typist. New Chance participants are mainstreamed into the center's existing on-site adult basic education and GED classes. The majority of the New Chance participants attend occupational skills training classes at local community colleges; others are enrolled in on-site training programs or in JTPA programs.

To facilitate implementation of the New Chance program, formal linkage agreements were made with several community service organizations. The primary agreement is with the San Diego County Greater Avenues for Independence (GAIN) Program. GAIN, a statewide program, is administered through the California Department of Social Services; with the passage of the Family Support Act in 1988, it became the state's federally mandated JOBS program. GAIN provides assessment, education, employability development, and vocational skills training to AFDC recipients, and funding for child care, transportation, and some ancillary expenses (e.g., textbooks, equipment, and uniforms) while participants are in the program; in addition, child care services and Medicaid coverage are extended for a year after participants begin work and discontinue welfare receipt. San Diego County GAIN identifies AFDC recipients who meet New Chance eligibility criteria and mails them material provided by the New Chance program. Recipients who are co-enrolled in New Chance and GAIN are eligible for GAIN services.

The Del Rey Center has also arranged to provide free breakfasts and lunches for New Chance participants through WIC and other programs. In addition, the director has begun gathering donations of goods and services for New Chance and for use as incentives for participants (e.g., home furnishings).

The site's notable recruitment success has been due in large part to the support of the GAIN program, but it also reflects the time and effort staff have invested in maintaining the interest of potential applicants who have had to delay participation – sometimes for several months – until a new enrollment cycle begins. Attendance and retention have posed continuing challenges, however. The Sweetwater Union High School District is facing severe budget cuts, as are many public institutions in California, but staff are investigating possibilities for continuing the New Chance program after enrollment of the research sample has been completed.

Community College of Denver
Technical Education Center
Denver, Colorado

The Technical Education Center (TEC) is a branch of the Community College of Denver located just north of the Denver city limits. TEC has offered education, occupational skills training, and job search and job placement services to disadvantaged men and women since it was founded in 1983. The programs and services at TEC are individualized, and there is an emphasis on computer-assisted instruction. TEC offers four occupational skills training options: information processing (including word-processing), accounting, machine tool operating, and welding.

All New Chance services, except for health care and some child care, are provided on the TEC campus. New Chance students enroll in basic skills instruction and GED-preparation classes with other TEC students. New Chance participants also attend Living Competencies, a one-semester course exclusively for them, which

encompasses parenting and child development instruction, family planning and health education, employability development, and the LSO curriculum. This course is a strong example of the integration of several different New Chance subject areas, as emphasized in the program's guidelines. TEC plans to incorporate the Living Competencies course in all of its core training options and to open participation in it to any parent enrolled at TEC.

TEC was selected as a New Chance site because of its demonstrated success in helping disadvantaged people receive a GED and obtain occupational skills. Living Competencies was developed to include the health and personal development components of the New Chance model, as well as to strengthen the employability development component. The implementation of New Chance also led TEC to open an on-site developmental child care center in January 1990 that can accommodate 60 infants and toddlers. For children age three and older, New Chance uses the Adams County Head Start program for day care, which is located near the campus.

The core New Chance staff at TEC includes a program manager/case manager, a second case manager, and a Living Competencies instructor. TEC staff teach the GED-preparation and occupational skills training courses on campus, and guest speakers from local health clinics supplement the health education instruction.

The TEC New Chance program accepts residents from Adams and Denver counties. Before the program began, TEC already had a strong linkage for referrals with the Adams County Department of Human Development's JTPA program. Since the implementation of New Chance, the site has worked to develop a similar linkage with the Denver County Department of Social Services. Despite these efforts, recruitment has been the main challenge faced by TEC New Chance staff. Much of the eligible Adams County population is scattered in small towns throughout the county, and transportation is often difficult unless applicants have access to a car. In Denver County, transportation problems and competition from more established programs in the Denver metropolitan area have made recruitment of this population difficult. Among those who have enrolled in New Chance, however, attendance and retention rates have been high, due in large part to the staff's efforts to incorporate diverse learning strategies.

New Chance participants in Adams and Denver counties qualify for JOBS funding for child care and transportation support services. Also, JTPA funding has been used to pay for basic skills and occupational skills training, and for Living Competencies. Adams County's JTPA program recently received a grant to subsidize tuition at TEC for young mothers, and TEC itself has received funding for the same purpose from the Colorado Community College and Occupational Education System. These additional funds will help to support future enrollment in New Chance.

Development Centers, Inc.
Detroit, Michigan

Development Centers, Inc. (DCI), was formed in 1983 from the dissolution and reorganization of two highly respected and longstanding community mental health centers in Wayne County. DCI provides mental health services – including prevention, diagnosis, treatment, rehabilitation, and maintenance – and education services to children, adolescents, and adults residing in northwest Detroit and in Redford Township.

DCI mounted a comprehensive support services program for high school-age parents in 1984. The program's on-site GED instruction, parenting education, developmental child care, individual and group counseling, and mental health services were important when DCI was assessed as a potential New Chance site. Although case management, employability development, and health education and services

existed, they needed augmentation to conform to the New Chance model. The hiring of two case managers, a job developer, and a health educator, as well as linkages with local health care agencies, helped to address these issues.

Job-readiness training, referral to occupational skills training, and job placement assistance were also available before the implementation of New Chance; however, they were not core components of every participant's program experience. New Chance required DCI to move beyond its original concentration on education, parenting, and personal development to embrace economic self-sufficiency as a central objective for each participant. This shift in goals was accomplished through the efforts of DCI's executive staff, the New Chance project director and staff, and a local New Chance advisory group.

Shortly after being selected as a New Chance site, DCI moved from a neighborhood with high rates of teen births and welfare receipt to its present location. The move prompted concern because the New Chance program was no longer close to where those most likely to apply live. In response, DCI staff raised public and private funds for two vans to transport participants and their children to and from the site.

The project director and two case managers, all full-time staff of DCI, make up the core New Chance team. Their efforts are supported and complemented by staff from other DCI programs and outside agencies. DCI's parenting instructor and child care director work part-time for New Chance. The Detroit public schools co-located two instructors at DCI to deliver individualized GED preparation and adult basic education. Classroom instruction is supplemented with practice activities in the Apple computer lab. Health education and services, work internships, vocational training, guest speakers, and field trips are available as a result of extensive outreach to community-based and public agencies.

A local advisory group guides and supports New Chance. The group has helped persuade public and community-based agencies to provide services and other resources to New Chance. The addition to the advisory group of the director of a Wayne County welfare office paved the way for referrals and other assistance from two additional county welfare offices. These referrals helped DCI to meet its enrollment goal of 175 women. The assistance of this official has also enabled DCI to secure funds from Michigan's JOBS program.

Another important feature of DCI is its child development program. It is a joint venture involving the child care, infant mental health, and parenting instruction staff, who carefully monitor parent-child interaction, intervene when necessary, and deliver consistent messages about appropriate parenting practices.

Poor attendance and attrition represent the major operational challenges confronted by DCI. Staff believe that many of those with poor attendance applied to the program only because they feared that welfare sanctions would be imposed if they did not enroll in an education or training program as required by law. Yet those young women who were more positively motivated to enroll have also faced obstacles to regular participation that include illness, personal and family crises, and repeat pregnancies. To overcome these obstacles, staff have increased counseling, classroom instruction, and referrals to outside agencies.

The prospects for institutionalizing New Chance at DCI are unclear because of the state's fiscal crisis. There are a number of factors working in DCI's favor, however. DCI's executive leadership is solidly behind New Chance. The program has received support from its Congressional representative, staff from the state's human services agencies, and local political and community leaders. A variety of private funding sources are being approached for support to continue New Chance operations.

Mid-Manhattan Adult Learning Center
Office of Adult and Continuing Education
New York City Board of Education
New York (Harlem), New York

The Mid-Manhattan Adult Learning Center (MMALC) in the Harlem area of New York City is one of several adult schools operated by the New York City Board of Education's Office of Adult and Continuing Education. New Chance builds on and integrates a sequence of services available at the school: GED, life management, and pre-vocational courses, and a wide variety of vocational training offerings. MMALC's participation in the New Chance Demonstration is co-sponsored by the New York State Department of Social Services.

MMALC is well-known for its intensive educational and vocational preparation. The school's reputation in these areas was a key factor in its selection as a demonstration site. The New Chance education, occupational skills training, and adult survival skills activities draw most heavily on MMALC's areas of expertise and experience, and are among the New Chance program's strongest elements. MMALC's adult basic education and GED instruction are individualized and computer-assisted, but group instruction is also provided as a means of motivating students and helping them to develop reasoning and communication skills. The center's occupational skills training program seeks to meet the needs of students who read at various levels by offering pre-vocational courses that combine academic instruction and hands-on job-related activities along with advanced occupational skills courses. Life management classes have been a part of the core curriculum at MMALC for many years. The instructor uses class discussions, audio-visual materials, field trips, and guest speakers to address the topics required in the New Chance health and personal development components, including legal and consumer issues, personal and family health matters, and citizenship and civic responsibilities.

Most of the services required by New Chance were already available at MMALC, and several MMALC staff were brought into the program on a full- or part-time basis. In some instances, New Chance participants are in classes specifically designed for them, but they also attend classes with other MMALC enrollees.

Some services did have to be added or expanded to conform to the New Chance model: family planning education and case management services were added, and existing parenting, child care, and health education services were expanded. The Board of Education's Learning Through Young Family Education (LYFE) program renovated and equipped two rooms at MMALC for use as infant and toddler day care centers. LYFE has also provided licensed, trained staff for these centers. The effort to add or expand services in the health and personal development components has also drawn on other agencies in the community. Family Dynamics Inc. conducts parenting classes, Planned Parenthood provides family planning workshops, and Harlem Hospital, through its community out-reach effort, supplies guest speakers and a workshop leader for health education.

Developing long-term linkage arrangements with outside agencies to provide the health and personal development components has proved challenging for the program. Staff changes at linkage agencies have resulted in interruptions in service delivery, and in some instances necessitated changes in linkage arrangements. Through the persistent efforts of program management, new staff or linkage agencies have been found and integrated into the program.

Recruitment has also been a challenge during the early period of program implementation. However, MMALC's strong relationships with other agencies in the community and with New York City's Human Resources Administration (HRA) have enabled it to marshall support for New Chance recruitment efforts and to meet the enrollment target, despite the fact that

recruitment got off to a slow start and began later than planned because completion of the child care facilities was delayed.

New Chance participants are co-enrolled in HRA's employment program, which funds transportation expenses and off-site child care if needed.

The Board of Education is exploring potential ongoing funding sources, and it appears likely that MMALC's New Chance program will continue beyond the demonstration period.

Youth and Family Center
Inglewood, California

The Youth and Family Center (YFC), a nonprofit organization established in 1979, is located in downtown Inglewood in Los Angeles County. YFC also provides services at three local high schools, but services for New Chance participants (with the exception of occupational skills training and child care) were brought together under one roof at YFC's main site. Before the start of New Chance, YFC provided counseling and family planning services to pregnant and parenting teens 18 years old and younger. In 1990, its programs served more than 200 young women and 50 teen fathers.

Although several of YFC's services needed to be strengthened for New Chance, the organization brought to the demonstration a dedicated, high-quality staff; a history of operating highly regarded, comprehensive programs; experience working with the male partners of young mothers; individual counseling and guidance services; drug and alcohol rehabilitation; and a strong AIDS prevention program.

In implementing New Chance, an agreement was reached with the Los Angeles County Department of Public Social Services to design shortened intake procedures for enrolling New Chance participants from the local Greater Avenues for Independence (GAIN) Program, California's JOBS initiative. GAIN provides assessment, education, employability development, and vocational skills training to AFDC recipients. Co-enrollment of New Chance participants in GAIN ensures that the California Department of Social Services will provide funding for support services such as child care, transportation, and some education- and training-related costs while the young women are in New Chance.

Because the Los Angeles GAIN program did not target teenage mothers for service during the time the research study group was recruited, neither the welfare agency nor GAIN referred eligible young women to New Chance. YFC staff have, however, been permitted to recruit in person at the county's income maintenance office. This means that recruitment occupied a great deal of staff time and attention.

Another linkage is with Inglewood's JTPA agency, which provided funding for the purchase of the Comprehensive Competencies Program (CCP), a widely used computerized literacy and math training system. CCP was installed at the site in late February 1991, and all New Chance staff received 40 hours of training in it. Inglewood School District instructors teach the GED, employability development, and LSO classes. Also, early in 1990, YFC was successful in reaching an agreement with the local Regional Occupational Center (a state-funded provider of education and occupational skills training programs) to provide on-site word-processing training to New Chance participants. Other participants receive occupational skills training in JTPA or community college programs. In addition, ten family day care providers have been recruited to serve participants' children. YFC staff meet with these child care providers regularly, both offering them support and training and receiving feedback on the children.

Building an integrated New Chance program in the Inglewood area has presented special challenges to YFC staff: They have had to negotiate with the school district for instructional staff; with the local social services agency to be allowed to recruit at the AFDC office; with the GAIN program for priority treatment

of New Chance enrollees; and with myriad training providers, each with its own geographical limitation or operational complexities. YFC has met these challenges, however, and has been successful in putting together a high-quality New Chance program. Its staff are negotiating further with these various providers to continue services after the operational phase of the demonstration has ended.

The Bridge
Family Health Services, Inc.
Jacksonville, Florida

The Bridge is a seven-year-old, private nonprofit youth center operated by Family Health Services, Inc., which was established in 1972 as a family planning clinic for low-income young women. It has since expanded to provide a range of preventive services that foster youth and family development. While health-related services remain a key focus, The Bridge's services also aim to help low-income youth stay in school; prevent early pregnancy; and avoid juvenile delinquency, drug abuse, and abuse and neglect of their children. The Bridge serves more than 100 youths between the ages of 14 and 19 each day through its clinic, which provides reproductive and general health services, and through an after-school tutoring program. Excluding New Chance, short-term counseling and parenting education services are provided to approximately 150 young mothers annually.

The New Chance program at The Bridge is co-sponsored by The Ounce of Prevention Fund of Florida and Florida's Department of Health and Rehabilitation Services (HRS). Program services are offered in conjunction with the Florida Community College at Jacksonville (FCCJ) and the local JTPA agency, the Private Industry Council (PIC) of Jacksonville. These organizations have a history of collaboration in delivering employment services to the city's disadvantaged populations.

Broad experience in providing health, family planning, and parenting services to disadvantaged young mothers was one of the main reasons for selecting The Bridge to be part of the New Chance Demonstration, as well as the history of collaboration among the Florida agencies expected to help deliver component activities in areas in which The Bridge had less experience. While several types of activities and services were available to young mothers by appointment or on a drop-in basis, previous to New Chance, The Bridge had not offered a comprehensive, daily program for this population. Mounting New Chance at this site has involved adding new services, expanding the scope of existing activities, and shifting the agency's orientation to operating a full-time, comprehensive program.

The New Chance program builds on The Bridge's strong parenting, family planning, and health education services. Other facilities and Bridge staff have also become part of New Chance. The Bridge's on-site clinic provides prenatal and well-baby care, family planning counseling, and treatment for sexually transmitted diseases; other health services are provided at a nearby hospital.

While new staff were hired to provide case management, a different strategy has been used to mount most of the additional services called for in the New Chance model. The Bridge developed a linkage with FCCJ to provide instructors for on-site adult basic education and GED classes. FCCJ also offers a wide range of vocational courses at its nearby downtown campus, and is expected to be the primary occupational skills training provider for New Chance participants. Tuition is mostly funded by federally provided Pell grants, but tuition waivers are available to some participants through HRS. New Chance's employability development and job placement services are offered on-site through an arrangement with the local JTPA PIC, which has assigned a staffperson to the New Chance program. This staffperson is also instrumental in developing work internships funded through the PIC.

Child care, funded by HRS and the PIC, is available at a nearby center that gives priority to New Chance participants. To qualify for HRS-funded support services, including child care and transportation, New Chance participants must be co-enrolled in Project Independence, Florida's JOBS program.

The Bridge's linkage arrangements and the services delivered have been exceptionally strong. Its greatest challenge in implementing New Chance has been developing the structure for an ongoing, intensive program for a hard-to-serve population. New Chance brings with it a host of management issues – including creating and implementing incentive structures, rules, and attendance standards, and developing staff consensus on expectations for participants and appropriate responses to their behavior – that are not typically encountered when services are by appointment or of limited duration, as had been usual at The Bridge before New Chance. Irregular attendance, and its effects on program services and participants' progress, has been a difficult issue at this site. As one way to address this problem, staff have implemented an incentive program in which participants who meet attendance requirements can earn points exchangeable for household items that cannot be purchased with food stamps.

The prospects for continuing New Chance at this site beyond the demonstration appear good. The linkages to FCCJ and the PIC for education and employment activities, and to HRS and Project Independence for child care funding and tuition assistance, seem likely to continue. Program staff are also pursuing additional sources of ongoing funding.

The Family Care Center
Lexington, Kentucky

The Family Care Center (FCC), overseen by the Lexington-Fayette Urban County Government's Department of Social Services' Division of Children's Services, was designing a program to help AFDC recipients achieve self-sufficiency just as the New Chance Demonstration was evolving. When FCC opened in 1989, it replaced the Early Child Care Center, which had provided pediatric health care and social services to at-risk children. Because the Early Child Care Center had never operated a program specifically for teen parents, a New Chance program at this site was not able to build on an existing infrastructure. However, FCC was a good candidate for the demonstration because plans were already under way there to build a multi-service center and operate a comprehensive program for AFDC recipients. Also, the commitment of FCC's director, staff from collaborating agencies, and the Urban County Government, and the support shown by the Cabinet for Human Resources (CHR) – Kentucky's state welfare agency – provided a compelling rationale for including FCC in the New Chance Demonstration.

FCC provides the comprehensive, multi-generational services required by the New Chance model. Including New Chance participants, FCC serves approximately 200 children and more than 100 teenage parents and AFDC recipients annually. The facility includes child development classrooms, adult classrooms, and observation rooms, as well as a cafeteria, playroom, parent resource center, vocational assessment laboratory, computer laboratory, study area, library, and exercise room. The University of Kentucky staffs the comprehensive dental, preventive health, and medical care facilities located at FCC.

Once FCC was selected to be a New Chance site, its director began building the program, and four case managers were hired. Contracts with the Fayette County Public School System, the local JTPA program, and other public agencies have allowed staff to be co-located at FCC to deliver education and employment-related instruction. The teachers have used the New Chance guidelines to design their own curricula and instructional strategies, and the GED and adult basic education instructors have mixed group and individualized instruction with

computer-assisted instruction to create an innovative learning environment. FCC's parenting education, health services, and child care directors have assumed responsibility for those aspects of New Chance, and FCC's child psychologist has also provided support. Planned Parenthood has offered family planning education and services to New Chance participants off-site. While vocational skills training is not available on-site, participants have access to education and training programs offered by Lexington Community College, JTPA-funded agencies, and other training providers. More than 70 local employers have agreed to provide job-shadowing opportunities and work internships to New Chance participants.

New Chance has received encouragement and support from CHR, the Lexington-Fayette Urban County Government, local public and private agencies, and a volunteer board, which have helped the program to gain widespread community support, and the staff to fulfill the implementation and enrollment objectives and to develop a strategy for rewarding attendance and achievement.

FCC staff have actively pursued solutions to implementation problems at the site. According to staff, participants' feelings of powerlessness, and their lack of self-esteem and basic skills, account for the repeat pregnancies seen at FCC; physical abuse and homelessness have also plagued many of the participants. Methods to overcome these obstacles to program success include increased personal counseling, referral to outside services, reinforcement of the skills taught in the Life Skills and Opportunities curriculum, positive peer interaction, and additional classroom instruction.

While teen mothers are not a target group under JOBS in Fayette County, welfare staff have referred them to New Chance. FCC does not currently receive JOBS funding to support instructional staff or occupational skills training, but the site recently received a small JOBS grant to provide a support group and life skills training for FCC clients attending Lexington Community College. These resources, along with the support FCC receives from CHR and the Urban County Government, make the long-term outlook for this New Chance program promising.

Multi Resource Centers, Inc.
Minneapolis, Minnesota

Multi Resource Centers, Inc. (MRC), is a not-for-profit organization offering physical rehabilitation, employment, and training services to low-income individuals in Hennepin County and the city of Minneapolis. The New Chance program, which serves only women who reside in the city, is part of MRC's Employment Action Center (EAC) and is located at the Sabathani Center, a multi-service community agency in south-central Minneapolis.

The strength of EAC is its employment and training programs. By hiring experienced staff, it has been able to implement the New Chance health and personal development components and basic education classes. The program has also created linkages to local organizations, such as the Minneapolis School District for GED instruction and MELD for parenting instruction and staff training.

Integration of the messages and skills of the various New Chance components has been a special achievement of the Minneapolis program. With the donation of Apple computers, staff have set up a computer learning center that is used to enhance GED-preparation instruction and the health, personal development, and employability development components. Instructors wrote their own New Chance workbook that includes group and individual exercises and computer activities related to women's history, budgeting, life skills, reading and writing improvement, and career choices.

The GED-preparation class has improved markedly with the addition of computer-assisted instruction and the hiring of a full-time GED instructor, and a high percentage of parti-

cipants have passed the GED test. The site also has a strong relationship with STRIDE (Success Through Reaching Individual Development and Employment), Minnesota's JOBS program. STRIDE mandates participation in education programs for young mothers on welfare without a high school diploma or GED, and enrolling in New Chance is an option for fulfilling this requirement. The local STRIDE office has helped New Chance staff to recruit for the program by providing lists of potentially eligible welfare recipients. New Chance staff also present information on the program at STRIDE orientation meetings and follow up with any women who express an interest. In addition, STRIDE pays the training and child care costs associated with participation in New Chance, as well as a portion of the case managers' salaries.

Attendance and retention have been major challenges faced by this site, although case managers note that some program dropouts have subsequently returned. Also, a number of students have been interested in obtaining a GED, but not in pursuing job training. In response, the site has developed a number of interesting work internships with the city, a department store, and a hotel that have drawn participants into training and kept them in the program.

The Minnesota Department of Human Services provided the initial state grant to MRC for the demonstration. MRC has successfully negotiated with the department to provide the program with an additional two years of funding, which will allow the site to continue enrolling young women in New Chance.

Lutheran Settlement House Women's Program
Philadelphia, Pennsylvania

The Lutheran Settlement House (LSH) is a large, nonprofit community-based organization that has been devoted to meeting the needs of disadvantaged children, youth, and women, and also of the elderly and handicapped, for several decades. One of its divisions, the Lutheran Settlement House Women's Program, is supported by state, local JTPA, and private foundation funds. The Women's Program provides adult basic education, vocational training in several occupations, and services for victims of physical abuse. It also operates a senior day care program and two child care facilities. Many of the services are targeted to disadvantaged minority women.

The New Chance program builds on and operates as part of the Teen Parent Education/ Employment Program (TPEEP), which the Women's Program has been operating since 1987. TPEEP enabled LSH to begin New Chance with quality education, parenting, and job-readiness services for adolescent parents already in place. With the addition of New Chance, however, the program's scope, duration, and size have all changed. Staff have expanded the program's focus on employability development, vocational training, health, family planning, and life skills; the duration of the program has increased from 4 to 6 months to up to 18 months; and the program's capacity has doubled. New Chance services are provided by agency staff, who work full-time with the program, and through linkages with outside organizations that provide services in the areas of health, family planning, parenting, and life skills. These linkage organizations include Jewish Family Services, Planned Parenthood, the Penn State Cooperative Extension, and an AIDS education peer-counseling program, all of which conduct workshops for New Chance on an ongoing basis.

Throughout the demonstration, the TPEEP/ New Chance program has also benefited from other strong linkages with agencies in the community. These linkages helped the TPEEP/ New Chance staff to mount a successful recruitment campaign that enabled the program to reach its enrollment goal in less than a year. In addition to aggressive outreach, staff worked with local welfare department and JTPA staff. On several occasions, the local welfare department sent out recruitment letters to teen

parents on its rolls. Good working relationships have been developed with caseworkers in several district welfare offices, both to support the involvement of welfare recipients participating in New Chance and to generate new referrals. The site's relationship with the local JTPA agency, the Philadelphia Private Industry Council (PIC) – the TPEEP/New Chance program's largest funder – has been vital. The PIC has been instrumental in helping New Chance participants make the transition to vocational training programs and has also generated referrals for the program.

The program staff have demonstrated a strong ability to integrate education activities across all New Chance subject areas and to make the information taught relevant to the young women's lives. The constant support and counseling provided by the case managers are a hallmark of the program, and reinforce how participants can apply the life skills learned in New Chance to their day-to-day lives.

The small team of core TPEEP/New Chance staff has managed to implement and operate all the components of New Chance, and to keep the participants in the program despite recurring fiscal constraints, problems with the physical plant, and management changes in the parent organization. The staff have also been challenged by the multiple difficulties facing many of the New Chance women, including physical or emotional abuse by family members or partners, drug and alcohol abuse in these young women's families, and unstable living arrangements.

The TPEEP/New Chance program is supported by funds from the Single Point of Contact (SPOC) Program – part of Pennsylvania's JOBS program – supplemented by contributions from private foundations. All New Chance participants receiving AFDC have been enrolled in SPOC. It is anticipated that the program will continue to receive SPOC funding beyond the operational phase of the demonstration. However, additional resources will be required to continue operating all of the New Chance components and to maintain the program at its current size.

Hill House Association
Pittsburgh in Partnership with Parents
Pittsburgh, Pennsylvania

Hill House Association (HHA) is a multi-service, community-based agency, which has served residents of Pittsburgh's Hill district since 1964. New Chance is a component of Pittsburgh in Partnership with Parents (PPP), a program started in 1986 to offer educational and employment opportunities to young parents, both male and female. PPP operates under the management of HHA's director and is located on the agency's premises, but functions under the auspices of an Executive Committee composed of representatives from the city's public, private, philanthropic, and not-for-profit sectors.

As one of six agencies to participate in the national pilot phase of the New Chance program, HHA/PPP entered the demonstration with substantial operating experience. All of the model's components were in place at HHA/PPP at the beginning of the demonstration, and its challenge has been to refine implementation of activities and objectives. HHA/PPP revised the pilot phase's intensive, almost exclusive focus on education during the early months of an enrollee's participation in New Chance to permit a greater concurrent emphasis on employability and personal development activities. In addition, the employability development component was restructured to include an intensive career exploration phase following GED receipt. To support these changes, HHA/PPP developed its own curriculum guide for both education and employment-preparation activities.

The sequence of activities specifically aimed at preparing participants for employment is currently one of HHA/PPP's strongest program elements. While HHA/PPP's approach shares some of the characteristics of strategies used at other New Chance sites, there are important

differences. Participation in employment-related activities begins at program entry, with introductory activities related to career exploration and job-readiness, and continues as students progress toward taking the GED test. However, intensive examination of career possibilities, including work internships and job-shadowing opportunities, is scheduled during a multi-week program phase that follows GED receipt. At the completion of this phase, participants select a career area and a vocational training course that will prepare them for entry-level employment in their chosen career.

While Pittsburgh enrollees face many of the same problems as those at other sites, perhaps the greatest ongoing challenge to the site has been managerial: that of integrating staff from a variety of agencies. HHA/PPP may well represent the demonstration's strongest example of a program in which almost all services are available on-site but are also brokered. Only administrative, case management, and employability development services are provided by staff entirely on HHA/PPP's payroll; all other activities are conducted by full- or part-time staff from collaborating agencies under in-kind or contractual arrangements. To foster program cohesiveness, staff participate in an annual retreat held each summer to review the prior year's progress, successes, and disappointments. These retreats supplement routine staff meetings held on a monthly basis.

The continued operation of New Chance at this site seems secure. HHA/PPP is a well-institutionalized program that enjoys wide support at the local, state, and national levels, as evidenced when the Pennsylvania Department of Public Welfare sponsored it to become a New Chance site, and by waiting lists for admission, linkages with an array of local agencies and organizations, and visits from federal and state dignitaries. The Single Point of Contact (SPOC) Program – part of Pennsylvania's JOBS initiative – is HHA/PPP's principal source of funding, and all New Chance participants who receive AFDC are enrolled in it.

PIVOT-New Chance Program
Portland Public Schools
Portland, Oregon

The New Chance program in Portland is a joint effort of the Portland Public Schools and the Portland Job Corps. New Chance, which is known as PIVOT (Partners in Vocational Opportunities Training), is an outgrowth of the school district's Continuing Education for Girls (CEG) program. CEG has been operating for 16 years as an alternative educational setting serving pregnant students, who usually return to their home schools at some point after the birth of their child. CEG students tend to be younger than those enrolled in New Chance and usually are not high school dropouts. CEG offers an accelerated high school curriculum and a GED-preparation curriculum, as well as parenting, health, and counseling services.

CEG formed a partnership with the Portland Job Corps to implement the full New Chance model. CEG has provided education, health, and personal development services, and the Job Corps – with special federal funds – has provided the employability development and occupational skills training services, stipends, and support services. Drawing on CEG and Job Corps personnel, PIVOT-New Chance has developed one of the largest staffs in the demonstration. A special staff position was created to recruit and enroll New Chance participants, which allowed the site to increase its enrollment goal. In addition, the site was one of the first to recognize the range of participants' problems calling for outside intervention. Accordingly, it arranged for the county health department to provide services, including mental health counseling, at the on-site health clinic, and for treatment for substance abuse to be provided by a community drug and alcohol program.

There are several notable features of the PIVOT-New Chance services. The GED classes are strengthened by the use of computer-assisted instruction, which gives the teacher more time to work individually with students. The program also offers a two-semester business skills training course at the site that includes word-processing, typing, "10-key" (use of an adding machine) and book-keeping, and telephone skills training. In addition, on-site child care is available at the Head Start Infant and Toddler Center, and van transportation and bus passes are provided by the Job Corps.

The greatest challenge facing the collaboration in Portland has been fulfilling the different program requirements and recognizing the varied organizational philosophies of the agencies involved in implementing and operating New Chance. Development of a joint management structure has allowed input from the primary agencies involved, including MDRC, to ensure that each agency's goals and requirements are met.

Through the efforts of the Job Corps and CEG staff, community awareness of the program has grown. For example, PIVOT Pals, a network of businesses, ensures regular donations of money, goods, and services to the program through such activities as sponsoring monthly awards luncheons for participants at local restaurants; providing job-shadowing opportunities, telephone skills training, and job placements; and collecting gift certificates for use as program incentives. Students have also been featured in television news stories and newspaper articles.

Oregon's JOBS program, which began in October 1990, emphasizes enrolling young mothers on welfare in high school or GED programs. Consequently, Portland Public Schools has a contract with JOBS to identify young mothers who have not finished high school, assess their need for services, and facilitate enrollment in one of several district program options, including PIVOT-New Chance. The site also receives child care funding through the JOBS program. In addition, staff are involved in the local welfare office's planning committee for JOBS services to teens.

The program receives state funding for New Chance, and Job Corps funding is secure until 1994.

The YWCA of Salem
Salem, Oregon

The YWCA of Salem is an affiliate of the national service organization and serves residents of Salem and the neighboring counties. The YWCA has operated a teen parent program for 21 years, providing such services as education, employment skills training, and child care. The Teen Parent Program, which now includes New Chance, moved to new facilities at the Oregon School for the Deaf in 1990. The building it currently occupies, a former dormitory, has classrooms, meeting rooms, offices, and a child care center.

When the YWCA was chosen for the demonstration, the education, parenting, health education, and counseling services were the backbone of its teen parent program. For New Chance, the site increased its emphasis on employability development and attainment of a GED. The YWCA already had linkages with the Salem/Keizer (24J) School District, Chemeketa Community College (CCC), and the Marion County Public Health and Mental Health departments, which have all become service providers for New Chance participants as well. The YWCA also works with the state's Executive Department as part of a business/school partnership program in which Executive Department staff volunteer to become mentors for New Chance participants. The department also accepts New Chance students into its clerical training courses on a space-available basis, and members have hosted holiday dinners and donated clothing and toys to the participants.

Most New Chance staff are employed by the YWCA. The GED instructor is provided by

CCC. The YWCA is one of five New Chance sites to have received a donation of Apple computers to develop a computer learning center, which is used for GED instruction and employability development activities. After participants complete the GED course, they can enroll at CCC for occupational skills training courses. Job placement assistance is provided at the YWCA by an employment counselor and through the Mid-Willamette Valley Jobs Council (the local JTPA agency).

The YWCA operates a child care center for infants and toddlers at the site, and New Chance participants receive priority for its full-time services. Participants are also co-enrolled in the public school district, allowing them to receive free lunch and transportation services.

Relative to other New Chance programs, the Salem site has a small number of potentially eligible young women in the area. However, the staff's persistence in recruiting enabled the site to meet its enrollment goal by June 1991. Securing steady attendance and retaining enrollees have been major challenges, however. Efforts have been under way to reenroll participants who dropped out of New Chance because of health and family problems. Another issue has been turnover among program personnel at both the managerial and instructional levels.

JOBS was implemented in the Salem area in October 1991. The local welfare office has contracted with Chemeketa Community College to provide services to welfare clients, which has made the YWCA's linkage with CCC even more important. Site staff have met with CCC and welfare office staff to facilitate referrals to New Chance. In addition, the YWCA is working with CCC to help New Chance participants gain greater access to the occupational skills training and job search programs at the college.

Program staff are negotiating with the state to secure future funding for New Chance. The YWCA is also requesting support from several regional foundations.

Independence Adult Center
Eastside Union High School District
San Jose, California

In 1988, the Independence Adult Center merged with the Eastside Union High School District. With state funds, the district provides subsidized child development and child care services to low-income families and children at risk of neglect and abuse. It also operates preschool programs on seven high school campuses and – at a separate facility – the Family Learning Center, which provides child care and support services to in-school pregnant and parenting teens through age 17. The Family Learning Center enjoys a statewide reputation for excellence. Although implementing New Chance required the Independence Adult Center to start a new program, it had many services already in place on which to build, and staff were excited by the opportunity to expand existing services to serve an older population. The Independence Adult Center serves all adults who apply, many of whom meet New Chance eligibility criteria.

Approximately 6,000 youths drop out of school annually on San Jose's east side. In addition, a large proportion of the teen births in Santa Clara County are among residents of this area: In 1988, for example, there were 2,170 births among females between the ages of 11 and 19, accounting for 54 percent of all teen births in the county. The east side is also home to 80 percent of the county population eligible for Greater Avenues for Independence (GAIN), the state JOBS program.

Staffing New Chance was a major challenge, given the strict hiring requirements imposed by the school district. To provide all the services required by the New Chance model, the site has also negotiated linkage agreements for occupational skills training with the San Jose Job Corps, the Central County Occupational Program, and the Center for Employment Training. Many participants attend Evergreen Community College for training as well.

The most significant linkage agreement for Eastside is its arrangement with the Santa Clara County GAIN program, which has worked extensively with Eastside to change the local GAIN contracting procedures and program flow to facilitate enrollment of New Chance participants. GAIN has held special orientation sessions for potential New Chance applicants and referred new GAIN registrants to the program. New Chance participants who are co-enrolled in GAIN have child care, transportation, and GED books and tests paid for by GAIN, which also provides additional money for training materials or for tools and uniforms required for a job.

Eastside has faced the same challenges as most programs for hard-to-serve populations: participant punctuality, attendance, and retention. The site has addressed these issues by using various "carrots" and "sticks." Participants receive breakfast and lunch every day. A peer counseling program for which the participants elect the counselors has been started. There are many field trips and regular awards luncheons honoring, for example, those who have received or made progress toward receiving a GED, have shown a significant change in attitude, have near-perfect attendance, or are the best students "all-around." The program coordinators have also instituted a "Lucky Bucks" incentive program, whereby participants earn credits for being punctual, demonstrating leadership, volunteering to help others, and recruiting new applicants. These credits can be used to buy baby products, cosmetics, and toiletries from Eastside. The attendance policy (participants must attend 65 percent of all scheduled classes) is strictly enforced, and there is a one-month probation period for those who do not meet the requirement.

As at the other New Chance sites in California, program staff are negotiating with GAIN and other agencies to continue providing services to New Chance participants who enter the program after enrollment of the research sample has concluded.

Nassau Board of Cooperative Educational Services
Nassau Technological Center
Carle Place, Long Island, New York

The Board of Cooperative Educational Services (BOCES) of Nassau County provides alternative and vocational education to both youth and adults. BOCES programs, operating under the auspices of the New York State Department of Education, are the central vocational training resources for the school districts in the state's counties where BOCES have been established. Out-of-school youth and adults who are educationally or economically disadvantaged, or who need to acquire new occupational skills, are eligible to participate in BOCES training programs. The New Chance program at Nassau BOCES operated as part of the CEOSC (Comprehensive Employment Opportunity Support Centers) program. CEOSC, a multi-site welfare-to-work initiative developed by New York State, provides education and vocational services to AFDC mothers with children under age six. While CEOSC includes the population targeted by New Chance, the majority of its participants throughout the state are in their late twenties. New Chance provided an opportunity for Nassau BOCES to target its services to younger AFDC mothers and to expand the scope of its activities.

Nassau BOCES sponsored New Chance in partnership with the Nassau County Department of Social Services (DSS) and the Yours, Ours, Mine Community Center, Inc. (YOM), a community-based organization with extensive experience in drug, alcohol, and mental health counseling for troubled youth. Nassau County DSS and Nassau BOCES have a long history of working together on education and training programs. For New Chance, DSS had primary responsibility for recruitment, provided some case management, arranged work internships, and taught some adult survival skills workshops. Nassau BOCES provided the base for occupational skills training, education, and employ-

ability development activities. New Chance participants attended classes on-site at the Learning Center, which offers adult basic education, GED preparation, and English as a second language. The New Chance program shared the day care centers and transportation system that were initially put in place for the CEOSC program. YOM was responsible for the parenting, family planning, and health components of New Chance, and for implementing the Life Skills and Opportunities (LSO) curriculum.

Implementing the New Chance model required staff to move toward a more comprehensive, integrated program than that offered by CEOSC. Nassau BOCES and its partners successfully added a number of program components and modified some existing services. Intensive case management, the parenting, family planning, and health components, and the LSO curriculum were all new additions for the demonstration. Employability development workshops, work experience opportunities, and adult survival skills classes were developed for New Chance by modifying similar activities in other programs operated by Nassau BOCES.

The New Chance program was supported by CEOSC funds from the New York State Department of Social Services, and by vocational training resources from Nassau County DSS, local JTPA programs, and the New York State Department of Social Services.

By mutual agreement between Nassau BOCES and MDRC, BOCES terminated its participation in the New Chance Demonstration in July 1990. This decision was the result of a combination of funding, recruitment, and implementation challenges that the program could not overcome. The biggest factor in Nassau BOCES' inability to continue to operate New Chance was a severe funding shortage for the CEOSC program, due to its difficulty in reaching the benchmarks necessary to trigger additional funds from New York State. New Chance recruitment was also an ongoing challenge because the pool of young mothers receiving AFDC was relatively small. In addition, Nassau County is a resource-rich area, so New Chance had to compete with other alternative education programs for eligible applicants. Finally, while Nassau BOCES, Nassau DSS, and YOM did an admirable job coordinating the delivery of the many New Chance services, the program faced persistent implementation challenges because of the lack of an on-site coordinator to supervise and guide staff from all three organizations on a daily basis.

APPENDIX B

THE NEW CHANCE-JOBS CONNECTION

TABLE B.1

THE NEW CHANCE-JOBS CONNECTION

Site	Name of State or Local JOBS Program	Agreement Between New Chance and JOBS	Does the Local JOBS Program Target Teen Parents or Young Mothers?	New Chance Participants Receiving AFDC Also Enrolled in JOBS?	In-kind Services Provided by JOBS Staff for New Chance Sites[a]	JOBS Funding for New Chance Sites or Enrollees[b]
Allentown	SPOC	Written	No	All	Recruitment	Support services; some skills training; all staff positions
Bronx	BEGIN	Verbal	No	All	Recruitment	Support services
Chicago Heights	Project Advance and Project Chance	Written	Yes	Some	Referrals	Support services; some education and skills training
Chula Vista	GAIN	Written	Yes	All	Recruitment	Support services
Denver	JOBS	Verbal	Yes	Most	Recruitment; referrals	Support services
Detroit	MOST	Verbal	No	None	Recruitment; referrals	---
Harlem	BEGIN	Verbal	No	All	Recruitment	Support services
Inglewood	GAIN	Written	No	All	---	Support services
Jacksonville	Project Independence	Verbal	Yes	All	Referrals	Support services; some staff positions
Lexington	JOBS	Written	No	Some	Referrals	Support services
Minneapolis	STRIDE	Written	Yes	All	Recruitment	Support services; skills training; case management
Philadelphia	SPOC	Written	Yes	All	---	Support services; some skills training; most staff positions

(continued)

TABLE B.1 (continued)

Site	Name of State or Local JOBS Program	Agreement Between New Chance and JOBS	Does the Local JOBS Program Target Teen Parents or Young Mothers?	New Chance Participants Receiving AFDC Also Enrolled in JOBS?	In-kind Services Provided by JOBS Staff for New Chance Sites[a]	JOBS Funding for New Chance Sites or Enrollees[b]
Pittsburgh	SPOC	Written	No	All	---	Support services; most staff positions; skills training
Portland	JOBS for Oregon's Future	Verbal	Yes	All	Recruitment; referrals	Support services; some skills training
Salem	JOBS for Oregon's Future	Verbal	Yes	Most	Recruitment; referrals	Support services; some skills training
San Jose	GAIN	Written	Yes	All	Recruitment	Support services

SOURCE: New Chance program records.

NOTES: [a]Recruitment activities performed by JOBS staff often included mailing New Chance material to potential enrollees.
[b]Support services may have included transportation, child care, or education- and training-related expenses (e.g., textbooks, equipment, or uniforms).

APPENDIX C

THE ENVIRONMENT OF NEW CHANCE SITES

TABLE C.1

THE ENVIRONMENT OF NEW CHANCE SITES

Site/City/County	1986 County Population	1980 Percentage of Population Black	1980 Percentage of Population Hispanic	1980 Percentage of Population White	1980 Percentage of Females Age 16 and Over Who Were Unemployed	1980 Percentage of Females Age 15 and Over Who Were Working Full-Time
Allentown						
Allentown						
Northhampton County	234,100	1.8%	3.1%	96.4%	5.1%	27.1%
Lehigh County	281,500	1.5	2.6	96.6	4.6	31.0
Bronx						
New York City						
Bronx County	1,193,600	31.8	33.9	47.4	9.0	26.4
New York County	1,478,000	21.7	23.5	58.9	6.9	33.4
Chicago Heights						
Chicago						
Cook County	5,297,900	25.6	9.5	66.8	7.0	31.9
Will County	338,400	9.7	4.3	86.9	6.7	29.0
Chula Vista						
San Diego						
San Diego County	2,201,300	5.6	14.8	81.3	6.7	27.5
Denver						
Denver						
Adams County	278,300	2.3	13.8	78.0	4.8	32.5
Denver County	505,000	11.7	18.3	72.3	4.4	
Detroit						
Detroit						
Wayne County	2,164,300	35.5	2.0	62.4	12.3	26.1
Harlem						
New York City						
New York County	1,478,000	21.7	23.5	58.9	6.9	33.4
Inglewood						
Los Angeles						
Los Angeles County	8,295,900	11.4	24.9	61.2	5.9	31.8

(continued)

TABLE C.1 (continued)

Site/City/County	1986 County Population	1980 Percentage of Population Black	1980 Percentage of Population Hispanic	1980 Percentage of Population White	1980 Percentage of Females Age 16 and Over Who Were Unemployed	1980 Percentage of Females Age 15 and Over Who Were Working Full-Time
Jacksonville						
Jacksonville						
Duval County	646,400	24.6%	1.8%	73.7%	6.0%	33.4%
Lexington						
Lexington						
Fayette County	212,900	13.3	0.7	85.5	4.7	32.1
Minneapolis						
Minneapolis						
Hennepin County	987,900	3.5	0.9	93.5	2.8	31.9
Philadelphia						
Philadelphia						
Philadelphia County	1,642,900	37.8	3.8	58.2	11.1	26.3
Pittsburgh						
Pittsburgh						
Allegheny County	1,373,600	10.4	0.6	88.7	6.4	27.3
Portland						
Portland						
Multnomah County	567,000	5.3	2.0	89.6	5.8	29.0
Salem						
Salem						
Marion County	215,400	0.6	4.7	94.4	8.3	26.4
Polk County	46,700	0.4	3.5	95.5	10.1	19.6
San Jose						
San Jose						
Santa Clara County	1,401,600	3.4	17.5	78.6	4.9	33.5
U.S. Total	226,545,805	11.7	6.4	83.1	6.5	29.0

(continued)

TABLE C.1 (continued)

Site/City/County	1986 Civilian Labor Force Unemployment Rate	1986 Births to Teens Under Age 20	1986 Percentage of All Teen Births to Unwed Mothers	1984-86 Average Percentage of Women Ages 15-44 in Families at 185% of the Poverty Level or Below	January 1990 AFDC Maximum Benefits for a 3-Person Family	1980 Percentage of the Population With 12 or More Years of Education	1985 Serious Crimes Known to the Police (Per 1,000,000 Population)
Allentown							
Allentown		247	80.0%				
Northhampton County	7.7%			22.9%	$421.00	61.8%	2,698
Lehigh County	7.4			16.0	421.00	64.6	3,481
Bronx							
New York		13,707	80.0				
Bronx County	8.4			50.7	577.00	50.8	8,392
New York County	7.0			31.7	577.00	68.0	8,392
Chicago Heights							
Chicago		10,662	89.0				
Cook County	7.8			28.0	367.00	64.3	7,191
Will County	7.2			17.0	367.00	70.2	4,299
Chula Vista							
San Diego		1,962	69.0				
San Diego County	5.0			27.5	694.00	78.0	5,663
Denver							
Denver		1,229	81.0				
Adams County	8.4			20.5	356.00	73.5	7,902
Denver County	7.2			30.1	356.00	74.7	10,557
Detroit							
Detroit		4,436	89.0				
Wayne County	8.9			33.3	516.00	61.4	9,864
Harlem							
New York		13,707	80.0				
New York County	7.0			31.7	577.00	68.0	8,392
Inglewood							
Los Angeles		9,429	73.0				
Los Angeles County	6.7			28.9	694.00	69.8	7,189
Jacksonville							
Jacksonville		1,813	67.0				
Duval County	5.3			27.7	294.00	66.8	8,218

TABLE C.1 (continued)

Site/City/County	1986 Civilian Labor Force Unemployment Rate	1986 Births to Teens Under Age 20	1986 Percentage of All Teen Births to Unwed Mothers	1984-86 Average Percentage of Women Ages 15-44 in Families at 185% of the Poverty Level or Below	January 1990 AFDC Maximum Benefits for a 3-Person Family	1980 Percentage of the Population With 12 or More Years of Education	1985 Serious Crimes Known to the Police (Per 1,000,000 Population)
Lexington							
Lexington		436	71.0%				
Fayette County	4.3%			32.2%	$228.00	71.6%	6,610
Minneapolis							
Minneapolis		821	88.0				
Hennepin County	3.9			16.5	532.00	81.7	6,579
Philadelphia							
Philadelphia		5171	92.0				
Philadelphia County	6.9			35.2	421.00	54.3	5,105
Pittsburgh							
Pittsburgh		777	90.0				
Allegheny County	7.1			23.1	421.00	69.0	3,490
Portland							
Portland		703	60.0				
Multnomah County	8.5			30.4	432.00	76.4	12,794
Salem							
Salem		...a	...a				
Marion County	8.9			36.7	432.00	73.5	6,406
Polk County	6.5			37.8	432.00	73.7	5,366
San Jose							
San Jose		1,577	72.0				
Santa Clara County	5.8			15.5	694.00	79.5	5,283
U.S Total	7.0	488,941	66.0	28.7	364.00	66.5	5,242

SOURCES: Charles Stewart Mott Foundation (1991); Singh, Forrest, and Torres (1989); U.S. Bureau of the Census (1988); U.S. Bureau of the Census (May 1983); U.S. Bureau of the Census (December 1983); U.S. House of Representatives, Committee on Ways and Means (1991).

NOTES: Because current ethnic and demographic data are not yet available from the U.S. Bureau of the Census, the most recent available data have been used in this table.

[a]Data were not available from the Charles Stewart Mott Foundation (1991).

APPENDIX D

SUPPLEMENTAL TABLES TO CHAPTER 7

TABLE D.1

PARTICIPATION AND TERMINATION RATES WITHIN FOUR MONTHS AFTER PROGRAM ENTRY, BY SITE

	Allen-town	Bronx	Chula Vista	Denver	Detroit	Harlem	Ingle-wood	Jackson-ville	Lexing-ton	Minnea-polis	Phila-delphia	Pitts-burgh	Port-land	Salem	San Jose	Full Sample
Participated within 4 months	92.2%	64.1%	87.1%	97.1%	95.3%	81.8%	85.0%	94.6%	86.5%	89.8%	95.8%	89.8%	98.4%	77.8%	82.4%	89.0%[a]
Termination rate of participants within 4 months[b]	42.6	56.0	33.3	6.1	3.7	44.4	26.5	34.3	28.9	17.0	30.4	13.6	30.6	57.1	7.1	25.3
Did not participate within 4 months	7.8	35.9	12.9	2.9	4.7	18.2	15.0	5.4	13.5	10.2	4.2	10.2	1.6	22.2	17.6	11.0[a]
Termination rate of nonparticipants within 4 months[c]	100.0	42.9	100.0	0.0	0.0	100.0	100.0	100.0	100.0	83.3	100.0	50.0	100.0	100.0	50.0	72.8
Total termination rate within 4 months	47.1	51.3	41.9	5.9	3.5	54.5	37.5	37.8	38.5	23.7	33.3	17.3	31.7	66.7	14.7	30.5
Sample size	51	39	31	34	85	22	40	37	52	59	48	98	63	45	34	738

SOURCE: MDRC calculations from New Chance MIS data.

NOTES: The sample includes 738 young women at 15 sites who enrolled in New Chance from August 1989 through September 1990. The sample excludes enrollees from the Chicago Heights site because of the late start of random assignment at the site.

A Pearson chi-square statistic was used to test the hypothesis of equal percentages across sites; no differences were found to be statistically significant.

[a]A chi-square test was inappropriate because of low expected cell frequencies.

[b]The termination rates are based on the sample that includes 657 young women who participated within four months after program entry.

[c]The termination rates are based on the sample that includes 81 young women who did not participate within four months after program entry.

TABLE D.2

ENROLLEE PARTICIPATION RATES AND HOURS OF PARTICIPATION IN NEW CHANCE COMPONENTS, WITHIN FOUR MONTHS AFTER PROGRAM ENTRY, BY SITE

Component	Allen-town	Bronx	Chula Vista	Denver	Detroit	Harlem	Ingle-wood	Jackson-ville	Lexing-ton	Minnea-polis	Phila-delphia	Pitts-burgh	Port-land	Salem	San Jose	Full Sample
Enrollees who participated in component (%)																
Education	100.0	100.0	96.3	93.9	91.4	100.0	100.0	94.3	97.8	100.0	97.8	94.3	95.2	100.0	92.9	96.3[a]
Employability development	91.5	32.0	66.7	97.0	84.0	55.6	82.4	91.4	95.6	75.5	89.1	96.6	98.4	91.4	92.9	86.3[a]
Family planning	89.4	68.0	77.8	97.0	82.7	61.1	70.6	71.4	75.6	84.9	100.0	85.2	64.5	54.3	78.6	79.1***
Health education	95.7	88.0	85.2	97.0	93.8	77.8	91.2	80.0	77.8	77.4	93.5	55.7	53.2	68.6	89.3	79.3***
Parenting education	93.6	84.0	85.2	97.0	77.8	66.7	97.1	77.1	95.6	84.9	97.8	89.8	96.8	82.9	92.9	88.6[a]
Life skills	89.4	96.0	81.5	97.0	79.0	77.8	100.0	74.3	91.1	92.5	100.0	89.8	95.2	71.4	100.0	89.0[a]
Other group activities[b]	80.9	88.0	85.2	97.0	60.5	83.3	94.1	82.9	84.4	90.6	100.0	97.7	95.2	85.7	92.9	87.2[a]
Average hours of participation in component																
Education	46.5	63.7	56.1	42.6	69.9	55.5	46.4	60.9	46.8	66.1	68.5	73.5	30.0	22.7	63.8	55.9***
Employability development	1.1	1.9	9.4	21.8	15.3	1.2	19.2	22.2	12.2	8.3	7.2	23.0	28.7	16.6	20.3	16.0***
Family planning	4.6	3.1	5.4	11.7	15.4	2.3	1.8	1.5	2.4	5.5	5.3	5.1	1.9	1.6	2.8	5.4***
Health education	9.7	9.1	11.8	23.4	9.5	3.3	3.8	3.8	5.1	7.8	7.8	1.9	0.6	5.0	16.8	7.2***
Parenting education	7.1	11.0	6.7	47.5	14.9	2.6	8.8	2.9	13.7	11.2	19.8	9.9	14.1	5.4	15.8	13.0***
Life skills	10.0	11.8	15.5	25.1	14.7	3.9	20.3	5.0	13.3	23.4	16.1	18.7	12.2	5.5	8.9	14.5***
Other group activities[b]	3.7	9.8	7.8	21.2	6.1	8.6	6.8	6.1	8.6	13.1	18.7	21.1	22.4	9.7	23.4	13.1***
Sample size	47	25	27	33	81	18	34	35	45	53	46	88	62	35	28	657

SOURCE: MDRC calculations from New Chance MIS data.

NOTES: The sample includes 657 young women at 15 sites who enrolled in New Chance from August 1989 through September 1990 and who participated within four months after program entry. The sample excludes enrollees from the Chicago Heights site because of the late start of random assignment at the site.

A Pearson chi-square statistic was used to test the hypothesis of equal percentages across sites. Statistical significance levels are indicated as *** = 1 percent; ** = 5 percent; * = 10 percent.

[a]A chi-square test was inappropriate because of low expected cell frequencies.

[b]Examples of "other group activities" include field trips and social events.

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